TGA Therapeutic Goods Administration

REQUEST FOR SPECIAL ACCESS SCHEME (SAS) APPROVAL
CATEGORY B and C PATIENTS ONLY

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Commonwealth Department Health and Family Service

Category B: Persons suffering from a life-threatening medical condition, even if they are not critically ill.

Category C: Persons suffering from a serious but not life-threatening illness.

PLEASE USE BLACK PEN, PRINT CLEARLY AND COMPLETE ALL SECTIONS

Prescribing doctor details

Name	Initial Surname	Hospital	
Postal address	Dr John Simpson ~~Lavarack Barracks Medical Centre~~ Military Post Office ~~TOWNSVILLE QLD 4813~~ Tel (07) 4771 7088 ~~Fax (07) 4771 1674~~ Postcode	Department	
		Phone number	
		Fax number	(07) 47711674

Drug details

Active Ingredient	TAFENOQUINE	Trade name	
		Company/supplier	SKB.
Dose form	200mg tablet.	Route of administration	ORAL.
Dosage	200mg daily x3 + 200mg weekly x 8	Duration of treatment	EIGHT WEEKS

Patient details

Patient initials	[redacted]	Patient category	[redacted]	Date of Birth	[redacted]
		Patient ID	[redacted]	Previous SAS No.	—
					Sex [redacted]

Diagnosis: Recurrent vivax malaria

Justification for use of drug *(include previous and current treatment; state whether requesting renewal of SAS approval)*

Recurrent vivax malaria as per protocol from the Army Malaria Institute.

~~Dr John Simpson~~
Lavarack Barracks Medical Centre
~~Military Post Office~~
TOWNSVILLE QLD 4813
Tel (07) 4771 7088
Fax (07) 4771 1674

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Prescribing doctor

Signature

Date 9/8/00.

Fax to: The Experimental Drugs Team (02) 6232 8112 or Send by Mail to: The SAS Officer, TGA, PO Box 100, Woden ACT 2606