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18/01 00 WED 13:55 FAX 66 2326140 DIRECTOR DSEB 002

TGA Therapeutic Goods Administration

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

Commonwealth Department of Health and Family Services

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	E.S. (Initial) CASTRISOS (Surname)	Hospital	RAAF MEDICAL CENTRE
Postal address	c/- MEDICAL CENTRE	Department	AMBERLEY QLD
	RAAF BASE, AMBERLEY	Phone number	0418739736 (MOBILE)
	Postcode 4	Fax number	0754 612268

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Drug details

Active ingredient	TAFENOQUINE	Trade name	
		Company/supplier	SKB.
Dose form	200mg tablet.	Route of administration	ORAL.
Dosage	400mg daily x3 + 200mg weekly x 8	Duration of treatment	EIGHT WEEKS

Patient details

Patient initials	[redacted]	Patient category		Date of Birth	[redacted]
Sex	[redacted]	Patient ID	[redacted]	Previous SAS No.	
Diagnosis	VIVAX MALARIA (RECURRENT)				

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.

Prescribing doctor	DR. EDWIN S CASTRISOS		
Signature	[signature]	Date	18/8/00

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

ATT: NICKI STEINBERG