4C

TGA Therapeutic Goods Administration

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

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 7068 Fax (07) 4771 1674 *Postcode*	Department	
		Phone number	
		Fax number	

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: Recent vivax malaria — 3rd episode.

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 7068
Fax (07) 4771 1674

Prescribing doctor			
Signature		Date	11/9/00

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

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