



Therapeutic
Goods
Administration

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



Commonwealth Department
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	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	Department
	Postcode	Phone number
		Fax number

Drug details

Active ingredient	TAFENO QUINE	Trade name
Dose form	200mg tablet	Company/supplier
Dosage	200mg daily x 3 + 200mg weekly x 8	Route of administration
		Duration of treatment

Patient details

Patient initials	Patient category	Date of Birth	Sex
	Patient ID	Previous SAS No.	

Diagnosis Third confirmed episode of 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.

45

Dr John Simpson
Lavarack Barracks Medical Centre
Military Post Office
TOWNSVILLE QLD 4813

Prescribing doctor	Tel (07) 4771 7068
Signature	Fax (07) 4771 1674

Date 16/9/00

Fax to: The Experimental Drugs Team
(02) 6232 8112

or

Send by Mail to: The SAS Officer
TGA
PO Box 100
Woden ACT 2605