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	M W (Initial) GRAVES (Surname)	Hospital	1st FIELD HOSP
Postal address	3 RAR RAP	Department	
	KAPYONG LINES	Phone number	(02) 9600 2225
	HOLSWORTHY		0414 472 887
	LIVERPOOL (Postcode)	Fax number	(02) 9600 [redacted] 2826

Drug details

Active ingredient	TAFENOQUINE	Trade name	
		Company/supplier	SKB
Dose form	200mg tablet.	Route of administration	ORAL
Dosage	200mg daily x 3 + 200mg weekly x 8	Duration of treatment	EIGHT WEEKS

Patient details

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

Diagnosis: 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.

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Prescribing doctor: GRAVES

Signature:

Date: 19/9/00

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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Prescribing doctor details

Name	MW GRAVES	Hospital	1ST FIELD HOSP
Postal address	3 RAR RAP	Department	
	KAPYONG LINES	Phone number	(02) 9600 2225
	HOLSWORTHY		
	LIVERPOOL Postcode	Fax number	(02) 9600 [redacted] 2826

Drug details

Active ingredient	TAFENOQUINE	Trade name	
		Company/supplier	SKB.
Dose form	200mg tablet.	Route of administration	ORAL.
Dosage	600mg daily x3 + 200mg weekly x 8	Duration of treatment	EIGHT WEEKS

Patient details

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

Diagnosis

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 GRAVES

Signature

Date 14/9/00

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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Prescribing doctor details

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Postal address	3 RAR RAP	Department	
	KAPYONG LINES	Phone number	(02) 9600 2225
	HOLSWORTHY		
	LIVERPOOL Postcode	Fax number	(02) 9600 [redacted] 2826

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

Diagnosis

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 GRAVES

Signature

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 2606

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Prescribing doctor details

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Postal address	3 RAR RAP	Department	
	KAPYONG LINES	Phone number	(02) 9600 2225.
	HOLSWORTHY		
	LIVERPOOL (Postcode)	Fax number	(02) 9600 [redacted] 2826

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Patient details

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

Diagnosis: 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.

Prescribing doctor: GRAVES

Signature:

Date: 14/9/00

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