49

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	MW GRAVES	Hospital	1ST FIELD HOSP
Postal address	3 RAR RAP	Department	
	KAPYONG LINES	Phone number	(02) 9600 2225.
	HOLSWORTHY		
	LIVERPOOL	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] 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: 14 '9 '00

Fax to: The Experimental Drugs Team (02) 6232 8112 or Send by Mail to: The SAS Officer TGA PO Box 100 [illegible]