Department of Defence

To:	**TGA** Nicki Bernstein	From:	**Major S Kitchener** Army Malaria Institute Gallipoli Barracks MILPO 4052
Fax:	0262328112	Fax:	07 3332 4800
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Email:		Email:	kitchener@hotmail.com

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Subject:	**FOR SECTION 19-1 APPROVAL**	
Reference:	Date: 29 September 2000	Pages *(including cover)*: 3

Instructions or comments:

Nicki,

A few more applications for approval. They have come to me and I am not sure whether Martin Graves has sent them to you also. Approval letter should still go to Marty, however, if you could send a copy here it would be appreciated.

Regards,

Scott Kitchener

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 (initial / surname)	MW GRAVES	Hospital	1st Field Hospital
Postal address	RAP 3RAR	Department	
	KAPYONG LINES	Phone number	02) 9600 2225
	HOLSWORTHY		
	NSW Postcode 2170	Fax number	02) 9600 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 x8	Duration of treatment	EIGHT WEEKS

Patient details

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

Diagnosis: Vivax Malaria.

Justification for use of drug *(include previous and current treatment; state whether requesting renewal of SAS approval)*

Prescribing doctor: GRAVES

Signature:

Date: 26/9/00

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

Send by Mail to: The SAS Officer, TGA, PO Box 100, Woden ACT 2606

TOTAL P.01

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Therapeutic Goods Administration

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Patient details

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

Diagnosis: P.Vivax Malaria.

Justification for use of drug *(include previous and current treatment; state whether requesting renewal of SAS approval)*

Signature: [signature]

Date: 27 · 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