

Department of Defence

To:	TGA Nicki Bernstein		From:	Major S Kitchener Army Malaria Institute Gallipoli Barracks MILPO 4052	
Fax:	0262328112		Fax:	07 3332 4800	
Tel:			Tel:	07 3332 4836	
Email:			Email:	kitchener@hotmail.com	
Subject: FOR SECTION 19-1 APPROVAL					
Reference:		Date: 29 September 2000		Pages (including cover): 3	

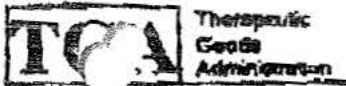
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Instructions or comments:

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



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 Hospital
Postal address	RAP 3RAR KAPONG LINES HOLSWORTHY NSW	Department	
	Postcode 2170	Phone number	(02) 9600 2225
		Fax number	(02) 9600 2826

Drug details

Active ingredient	TAFENOQUINE	Trade name	
Dose form	200mg Tablet	Company/supplier	SKB
Dosage	200mg daily x3 200mg weekly x8	Route of administration	ORAL
		Duration of treatment	SIXTY 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: [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 2506

26-SEP-2006 10:32

+61 7 33324800

96%

TOTAL P.01
P.01

26-SEP-2006 10:32

27/09/2006 11

31/01/01 11:11:11

TOTAL P.01
P.01



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



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Category C: Persons suffering from a serious but not life-threatening illness.

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Prescribing doctor details

Name	MW GRAYES	Hospital	107 Field Hospital
Postal address	RAP 3RAR KAPONG LINES HOLSWORTHY NSW	Department	
	Postcode 2170	Phone number	(02) 9600 2225
		Fax number	(02) 9600 2826

Drug details

Active ingredient	TAFENOQUINE	Trade name	
Drug form	200mg Tablet	Company/supplier	SKB
Dosage	200mg daily x3 200mg weekly x8	Route of administration	ORAL
		Duration of treatment	EIGHT WEEKS

Patient details

Patient initials	[REDACTED]	Patient category		Date of Birth	[REDACTED]	Sex	[REDACTED]
		Patient ID		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
Wagga ACT 2608

26-SEP-2000 10:32

+61 7 33324600

95%

TOTAL P.01
P.01