



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

Commonwealth Department
Health and
Family Service

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

Patient details

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

Diagnosis: Recurrent 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.

Dr John Simpson
Lavarack Barracks Medical Centre
Military Post Office

TOWNSVILLE QLD 4813

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

Date: 3/11/00

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

or

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