TGA Therapeutic Goods Administration

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

Commonwealth Department of Health and Family Services

SAS No objection Whelan 7/2/2001 01/582 RH 8/2/01

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	S. (Initial) KITCHENER (Surname)	Hospital	—
Postal address	4- Weary Dunlop Dve. Gallipoli Barracks. ENOGGERA Postcode 4052	Department	Clinical Field
		Phone number	07 3332 4801
		Fax number	07 3332 4800

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

Diagnosis: Recurrent vivax malaria

56

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: S. KITCHENER

Signature: [signature]

Date: 6/2/01

Fax to: The Experimental Drugs Team (02) 6232 8112 or **Send by Mail to:** The SAS Officer, TGA, PO Box 100, Woden ACT 2606