79

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: S (Initial) KITCHENER (Surname)

Postal address: AMI, Gallipoli Bks, Enoggera QLD, Postcode 4051

Hospital:

Department: AMI - Clinical Field

Phone number: (07) 3332 4836

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 then 200mg weekly x 8

Duration of treatment: Eight weeks

Patient details

Patient initials: [redacted]

Patient category:

Date of Birth: [redacted]

Sex: [redacted]

Patient ID: [redacted]

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

5

Prescribing doctor: Scott Kitchener

Signature: S. KITCHENER

Date: 9/2/07

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

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