TGA Therapeutic Goods Administration

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

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	K (Initial) DAY (Surname)	Hospital	3 HOSPITAL
Postal address	3 HOSPITAL	Department	WARD
	RAAF RICHMOND	Phone number	02 4587 3030
	SYDNEY		
	Postcode 2755	Fax number	02 4587 3007

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]	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.

Prescribing doctor: K L DAY

Signature:

Date: 19 Feb 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

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