



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	WYATT Surname	Hospital	
Postal address	ARMY MALARIA INSTITUTE WEARY DUNOP RUE GALLIPOLI BARRACKS ENOGGERA QLD		Department	A.M.I.
			Phone number	3332 4801
			Fax number	3332 4855

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	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	KITCHENER
Signature	<i>[Signature]</i>

Date	27/3/01
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Fax to: The Experimental Drugs Team
(02) 6232 8112

or Send by Mail to:

The SAS Officer
TGA
PO Box 100
Woden ACT 2606

Department of Defence

To:	TGA Experimental Drugs Team
Fax:	0262328112
Tel:	
Email:	

From:	Major S Kitchener Army Malaria Institute Gallipoli Barracks MILPO 4052
Fax:	07 3332 4800
Tel:	07 3332 4836
Email:	kitchener@hotmail.com

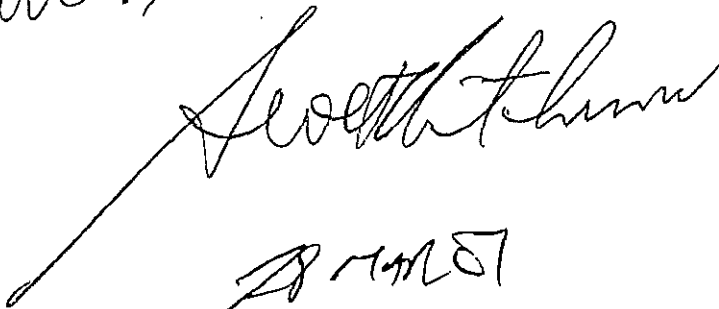
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Instructions or comments:

Nicki,

Attached is another application for permission to prescribe Tafenoquine in a case of recurrent vivax malaria. Endorsement previously forwarded.

Regards,

A Kitchener