

Therapeutic
Goods
AdministrationREQUEST FOR SPECIAL ACCESS SCHEME (SAS) APPROVAL
CATEGORY B and C PATIENTS ONLYCommonwealth 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

Initial S Surname WYATT

Postal address

ARMY MALARIA INSTITUTE
WEARY DUNLOP DVE
GALLIPOLI BARRACKS
ENOGGERA QLD Postcode

Hospital

Department

A. MI.

Phone number

3332 4801

64

Fax number

3332 4855

Drug details

Active ingredient

TAFENOQUINE

Trade name

SKB

Dose form

200mg tablet

Company/supplier

Dosage

200mg daily x 3 + 200mg weekly x 8

Route of administration

oral

Duration of treatment

Eight weeks

Patient details

Patient initials

[REDACTED]

Patient category

[REDACTED]

Date of Birth

[REDACTED]

Sex

[REDACTED]

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

KITCHENEL
[REDACTED]

Signature

[REDACTED]

Date

27/3/01

Fax to:

The Experimental Drugs Team
(02) 6232 8112

or

Send by Mail to:

The SAS Officer
TGA
PO Box 100
Woden ACT 2606

Department of Defence

To:	TGA Experimental Drugs Team	From:	Major S Kitchener Army Malaria Institute Gallipoli Barracks MILPO 4052
Fax:	0262328112	Fax:	07 3332 4800
Tel:		Tel:	07 3332 4836
Email:		Email:	kitchener@hotmail.com
Subject:	REQUEST FOR SAS APPROVAL		
Reference:		Date:	29 March 2001
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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,
S. Kitchener
29 MAR 2001