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TGA Therapeutic Goods Administration

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

01/1827 SAS No 1214

Commonwealth Department Health and Family Service

LWilson 11/4/01

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 (Initial / Surname)	M GRAVES.	Hospital	
Postal address	3 RAR RAP.	Department	ADF
	KAPYONG LINES	Phone number	02 9600 2225
	HOLSWORTHY.		
	LIVERPOOL (Postcode)	Fax number	02 9600 2826

Drug details

Active ingredient	TAFENOQUINE	Trade name	
		Company/supplier	SK13
Dose form	200mg tablet	Route of administration	oral
Dosage	200mg daily x 3 & 200mg weekly x 8	Duration of treatment	Eight weeks

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Patient details

Patient initials	[redacted]	Patient category	
		Patient ID	
Date of Birth	[redacted]	Sex	[redacted]
		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: M GRAVES

Signature: M GRAVES

Date: 11/4/01.

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