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Carlo Salara and Carlo Salara compression



TGA use only

This form, when completed, will be classified as 'For official use only'.

For guidance on how your information will be treated by the TGA see; Treatment of Information provided to the TGA at https://www.tga.gov.au/treatment-information-provided-tga8

Special Access Scheme - Category B

Important information

Email completed form to SAS/Ribsalth gov.au (preferred) or lax to 02 6232 8112.

The SAS Category B application form should be completed if guidence for use of an unapproved good will be met and the SAS Category A or SAS Category C pathways are not applicable.

Privacy Information

For general privacy information, go to https://www.tga.gov.au/privacy>.

The TGA is collecting personal information in this form in order to:

- Assess the application.
- Contact the medical practitioner and discuss the application where necessary.
- The personal information of the medical practitioner may be disclosed to State and Territory authorities with responsibility for therapeutic goods or medical practitioner registration.

Patient details (n	ninimum of 3 (thre	e) identifiers requi	uired)
Diagnosis(es) or Medical	Condition(s): NO	n-ketotic hyper	rglycinemia
Indication: Non-ketoti	c hyperglyciner	nia	
Clinical justification for u	se of product: (e.g G cannot be used fo	Include seriousnes	ess of condition, details of previous treatment including reasons why a therapeutic goo his patient in this circumstance)
1			smitter, to normalise levels in plasma and CSF
Product details	attach efficacy an	d safety data to su	support proposed use of the product and details of intended monitoring)
Therapeutic good type	Medicine 🛮	Biological 🔲	Medical device 🔲
	220000		

PO Box 100 Woden ACT 2606 ABN 40 939 406 804 Phone: 1800 020 653 Fax; 02 6203 1605 Email: info@tga.gov.au https://www.tga.gov.au TGA Health Safety Regulation

Medicine/biological		Medical device		
Trade Name (if known)	Sponsor / Supplier	Trade name		
Active ingredient(s) Sodium benzoate		Product description (including v.	ariant ²)	
Dosage form (e.g. tablet)	Strength (e.g., 1 mg/ml) 500mg	No of units	Sponsor / Supplier	
Route of administration (e.g., IV)	Dose & frequency (1 tds) 4g tds	Proposed duration of treatment	Intended date of use	
Quantity ¹ required for treatment of 12 months	r duration			

Treating health practitioner details	Submitter details (if different)

The health practitioner type is any of the following: Medical practitioner; ATSI hoalth practitioner; dontiet; radiographer; nurse; midwife; occupational therepist; optometrist; phermedist; podiatrist; psychologist.

¹ For substances captured by the Guetoms (Prohibited Imports) Regulations 1956 the quantity must be provided ² Variant means a medical device the design of which has been varied to accommodate different patient anatomical requirements (for example, relating to the chape, size, length, diameter or gauge of the device)