

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 http://www.tga.gov.au/about/tga-information-to.htm.

Category B form Special Access Scheme

Please complete clearly and in full - forms cannot be processed if incomplete or illegible

Do not provide the name of the patient. Only provide the patient's initials and other information as requested on the Email completed form to <u>SAS@tga.gov.au</u> (preferred) or fax to 02 6232 8112.

Privacy Information

For general privacy information, go to http://www.tga.gov.au/about/website-privacy.htm,

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

Patient details (minimum of 3 (three) identifiers required)

- 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.

Diagnosis

Clinical justification for use of product.

For example - Include seriousness of condition, details of previous treatment

Product details

Attach efficacy and safety data to support proposed use of the product and details of intended monitoring. Note: Boxes marked with an * must be completed for devices.

Active ingredient South	Benjan	Trade name/device name*	1500 M
Company/supplier*	*	Route of administration	oral
Dose form & strength (e.g. 500mg tablet)	500 mg tacked	Proposed treatment duration	long term.
Dose & frequency (e.g. 13ds)	11 tallets	tals.	
Intended date of lise		Proposed quantity*	

Prescriber details

PO Box 100 Woden ACT 2606 ABN 40 939 406 804

Phone: 1800 020 653 or 02 6232 8644 Fax: 02 6232 8112 Email: SAS@tga.gov.au http://www.tga.gov.au

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