



Australian Government

Department of Health

Therapeutic Goods Administration

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 this form.

Email completed form to [SAS@tga.gov.au](mailto:SAS@tga.gov.au) (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:

- 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 (minimum of 3 (three) identifiers required)**

<b>Patient details (minimum of 3 (three) identifiers required)</b>			
Diagnosis	Nonketotic hyperglycemia	Previous SAS No.(if applicable)	
Clinical justification for use of product. For example - include seriousness of condition, details of previous treatment	lower blood glycine levels		

**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	sodium benzoate	Trade name/device name*	
Company/supplier*		Route of administration	oral
Dose form & strength (e.g. 500mg tablet)	500mg capsule	Proposed treatment duration	lifelong
Dose & frequency* (e.g. 1 tds)	3g bd		
Intended date of use*	19/8/16	Proposed quantity*	12 months

**Prescriber details**

<b>Prescriber details</b>			
Prescriber name	Dr. [REDACTED]	Prescriber address	Woden ACT 2606

PO Box 100 Woden ACT 2606 ABN 40 138 406 804

Phone: 1800 020 653 or 02 6232 8644 Fax: 02 6232 8112 Email: [SAS@tga.gov.au](mailto:SAS@tga.gov.au) <http://www.tga.gov.au>

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