

## 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 <a href="https://www.tga.gov.au/treatment-information-provided-tga">https://www.tga.gov.au/treatment-information-provided-tga</a>>.

## Special Access Scheme – Category B

## Important information

Email completed form to <u>SAS@health.gov.au</u> (preferred) or fax to 02 6232 8112.

The SAS Category B application form should be completed if guidance 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 <a href="https://www.tga.gov.au/privacy">https://www.tga.gov.au/privacy</a>>.

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.

Do not provide the name of the patient. Only provide the patient's initials and other information as requested on this form.

Please complete the form clearly and in full. Applications cannot be assessed if the form is incomplete or illegible. PLEASE PRINT IN BLOCK LETTERS.

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

Clinical justification for use of product: (e.g. Include seriousness of condition, details of previous treatment including reasons why a theraper
Indication: HIGH GLYCINE

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



Medicine/biological		Medical device	
Trade Name (if known) Amzoate	Sponsor / Supplier Medsurge Healthcare	Trade name	
Active ingredient(s) Sodium Benzoate		Product description (including variant <sup>2</sup> )	
Dosage form (e.g. tablet) Tablet	Strength (e.g., 1 mg/ml) 500mg	No of units  Proposed duration of treatment	Sponsor / Supplier
Route of administration (e.g., IV) Oral	Dose & frequency (1 tds) 1000 to 1500mg bd		Intended date of use
Quantity <sup>1</sup> required for treatment or duration 12 months			

Treating health practitioner details Submitter details (if different)	

Please send this form to the TGA only

The health practitioner type for the treating health practitioner details above can be any of the following: Medical practitioner; ATSI health practitioner; dentist; radiographer; nurse; midwife; occupational therapist; optometrist; pharmacist; podiatrist; psychologist. Other health practitioner types can be included as the submitter.

<sup>&</sup>lt;sup>1</sup> For substances captured by the Customs (Prohibited Imports) Regulations 1956 the quantity must be provided <sup>2</sup> Variant means a medical device the design of which has been varied to accommodate different patient anatomical requirements (for example, relating to the shape, size, length, diameter or gauge of the device)