



**DEPARTMENT OF DEFENCE  
LAVARACK BARRACKS MEDICAL CENTRE**

To:	The Experimental Drugs Team Therapeutic Goods Administration
Fax:	(02) 62328112
Tel:	
Email:	

From:	Dr John Simpson Lavarack Barracks Medical Centre Military Post Office TOWNSVILLE QLD 4813 Tel (07) 4771 7068 Fax (07) 4771 1674
Fax:	07 47 711674
Tel:	
Email:	

<b>SUBJECT:</b>	Request for SAS Approval Tafenoquine		
Reference:		Date:	20 Jul 00
		Pages (including cover):	8

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



Commonwealth Department  
Health and  
Family Service

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	<i>J.S.</i> <small>Initial      Surname</small>	Hospital	
Postal address	Dr John Simpson Lavarack Barracks Medical Centre Military Post Office TOWNSVILLE QLD 4813 Tel (07) 4771 7068 Fax (07) 4771 1674 <small>Postcode</small>	Department	
		Phone number	
		Fax number	

Drug details

Active Ingredient	TAFENOQUINE	Trade name	
Dose form	200mg tablet	Company/supplier	SKB
Dosage	200mg daily x 5 + 200mg weekly x 8	Route of administration	ORAL
		Duration of treatment	EIGHT WEEKS

Patient details

Patient initials	<input type="text"/>	Patient category	<input type="text"/>	Date of Birth	<input type="text"/>	Sex	<input type="text"/>
		Patient ID	<input type="text"/>	Previous SAS No.	<input type="text"/>		
Diagnosis	recurrent 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: *J. SIMPSON.*  
Signature: *[Signature]*

Date: 20/7/00

Fax to: The Experimental Drugs Team (02) 6232 8112      or      Send by Mail to: The SAS Officer  
TGA  
PO Box 100  
Waden ACT 2605



REQUEST FOR SPECIAL ACCESS SCHEME (SAS) APPROVAL  
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Prescribing doctor details

Name	<input type="text"/>	Hospital	<input type="text"/>
Postal address	Dr John Simpson Lavarack Barracks Medical Centre Military Post Office TOWNSVILLE QLD 4813 Tel (07) 4771 7068 Fax (07) 4771 1674	Department	<input type="text"/>
	Postcode	Phone number	<input type="text"/>
		Fax number	<input type="text"/>

Drug details

Active ingredient	TAFENOQUINE	Trade name	<input type="text"/>
Dose form	200mg tablet	Company/supplier	SKB
Dosage	200mg daily x 3 + 200mg weekly x 8	Route of administration	ORAL
		Duration of treatment	EIGHT WEEKS

Patient details

Patient initials	<input type="text"/>	Patient category	<input type="text"/>	Date of Birth	<input type="text"/>	Sex	<input type="text"/>
		Patient ID	<input type="text"/>	Previous SAS No.	<input type="text"/>		
Diagnosis	Vivax malaria, 3rd episode.						

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:

Signature:

Date:

Fax to: The Experimental Drugs Team (02) 8232 8112 or Send by Mail to: The SAS Officer  
TGA  
PO Box 100  
Woden ACT 2606



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Prescribing doctor details

Name	Initial <i>J.S.</i> Surname <i>Dr John Simpson</i>		Hospital		
	Postal address	<i>Lavarack Barracks Medical Centre</i>		Department	
		<i>Military Post Office</i>			
		<i>TOWNSVILLE QLD 4813</i>			
<i>Tel (07) 4771 7068</i>		Phone number			
<i>Fax (07) 4771 1674</i>					
Postcode		Fax number			

Drug details

Active ingredient	<i>TAFENOQUINE</i>	Trade name	
Dose form	<i>Loosng tablet-</i>	Company/supplier	<i>SK B.</i>
Dosage	<i>Loosng daily x 3 + Loosng weekly x 8</i>	Route of administration	<i>ORAL.</i>
		Duration of treatment	<i>EIGHT WEEKS</i>

Patient details

Patient initials	<i>[Redacted]</i>	Patient category	<i>[Redacted]</i>	Date of Birth	<i>[Redacted]</i>	Sex	<i>[Redacted]</i>
		Patient ID	<i>[Redacted]</i>	Previous SAS No.			
Diagnosis	<i>Recurrent vivax malaria.</i>						

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.*

*[Empty lines for additional justification]*

Prescribing doctor	<i>J. Simpson</i>		Date	<i>20/7/00</i>
Signature				

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





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Prescribing doctor details

Name	<input type="text"/>	Hospital	<input type="text"/>
Initial	<input type="text"/>	Department	<input type="text"/>
Postal address	Dr John Simpson Lavarack Barracks Medical Centre Military Post Office TOWNSVILLE QLD 4813 Tel (07) 4771 7068 Fax (07) 4771 1674	Phone number	<input type="text"/>
	Postcode	Fax number	<input type="text"/>

Drug details

Active Ingredient	TAFENOQUINE	Trade name	<input type="text"/>
Dose form	200mg tablet	Company/supplier	SKB
Dosage	200mg daily x 3 + 200mg weekly x 8	Route of administration	ORAL
		Duration of treatment	EIGHT WEEKS

Patient details

Patient initials	<input type="text"/>	Patient category	<input type="text"/>	Date of Birth	<input type="text"/>	Sex	<input type="text"/>
		Patient ID	<input type="text"/>	Previous SAS No.	<input type="text"/>		
Diagnosis	Recurrent 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.

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Prescribing doctor

Signature

Date

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 (02) 6232 8112 TGA  
 PO Box 100  
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Prescribing doctor details

Name	<input type="text"/>	Hospital	<input type="text"/>
	<small>Initial Surname</small>	Department	<input type="text"/>
Postal address	Dr John Simpson Lavarack Barracks Medical Centre Military Post Office TOWNSVILLE QLD 4813 Tel (07) 4771 7088 Fax (07) 4771 1674	Phone number	<input type="text"/>
	<small>Postcode</small>	Fax number	<input type="text"/>

Drug details

Active Ingredient	TAFENOQUINE	Trade name	<input type="text"/>
Dose form	200mg tablet	Company/supplier	SKB
Dosage	200mg daily x 3 + 200mg weekly x 8	Route of administration	ORAL
		Duration of treatment	EIGHT WEEKS

Patient details

Patient initials	<input type="text"/>	Patient category	<input type="text"/>	Date of Birth	<input type="text"/>	Sex	<input type="text"/>
		Patient ID	<input type="text"/>	Previous SAS No.	<input type="text"/>		
Diagnosis	Recurrent 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:

Signature:

Date:

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or Send by Mail to:

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TGA  
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Woden ACT 2606



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



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#### Prescribing doctor details

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Postal address	Dr John Simpson Lavarack Barracks Medical Centre Military Post Office TOWNSVILLE QLD 4813 Tel (07) 4771 7068 Fax (07) 4771 1674	Department	<input type="text"/>
	Postcode	Phone number	<input type="text"/>
		Fax number	<input type="text"/>

#### Drug details

Active Ingredient	TAFENO QUINE	Trade name	<input type="text"/>
Dose form	200mg tablet	Company/supplier	SKB
Dosage	200mg daily x 3 + 200mg weekly x 8	Route of administration	ORAL
		Duration of treatment	EIGHT WEEKS

#### Patient details

Patient initials	<input type="text"/>	Patient category	<input type="text"/>	Date of Birth	<input type="text"/>	Sex	<input type="text"/>
		Patient ID	<input type="text"/>	Previous SAS No.	<input type="text"/>		
Diagnosis	Recurrent vivax malaria						

Justification for use of drug (include previous and current treatment; state whether requesting renewal of SAS approval)

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Prescribing doctor

Signature

Date

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Initial	<input type="text"/>	Department	<input type="text"/>
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Postcode	<input type="text"/>	Fax number	<input type="text"/>

Drug details

Active Ingredient	TAFENOQUINE	Trade name	<input type="text"/>
Dose form	200mg tablet	Company/supplier	SKB
Dosage	200mg daily x 3 + 200mg weekly x 8	Route of administration	ORAL
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Diagnosis	Recurrent vivax malaria						

Justification for use of drug (include previous and current treatment; state whether requesting renewal of SAS approval)

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