

Office use only

Category B form Special Access Scheme

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 <a>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.

PLEASE COMPLETE IN FULL AND CLEARLY - FORMS WILL NOT BE PROCESSED IF INCOMPLETE Patient details

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Diagnosis	OTC Deficiency	(if applicable)	2016/15076	
Clinical justification for use of product	- Codidin Scrizodic is a roddinicity asca inicalcation for the treatment of alea cycle			
Include seriousness of condition, details of previous treatment (attach additional	disorders including OTC deficiency.			

Product details

monitoring. **Must be completed for devices.

Active ingredient*	Sodium Benzoate	Trade name/ device name**	Amzoate	
Company/supplier**	Special Products Limited			
Dose form*	Tablets	Route of administration*	Oral	
Dosage frequency*	1000mg tds	Duration of treatment	12 months	
Intended date of use**	27/07/2017	Quantity requested	12 months	

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