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 <https://www.tga.gov.au/treatment-information-provided-tga>.

Special Access Scheme – Category C

Important information

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

The therapeutic goods, indications and health practitioners that are authorised to supply these goods for the particular indication through the SAS Category C pathway are on the **back of this form**.

Privacy information

For general privacy information, go to <https://www.tga.gov.au/privacy>.

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

- verify the supply of the therapeutic goods occurred in accordance with the applicable Instrument

The personal information of the health 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. Forms cannot be processed if incomplete or illegible. PLEASE PRINT IN BLOCK LETTERS.

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

Patient initials	**Gender** Male ☐ Female ☐ Intersex/Indeterminate/Unspecified ☐	**DOB**	**MRN (if applicable)**
Diagnosis(es) or Medical Condition(s)			**Previous SAS No.** (if applicable)

Product details

Medicine/biological/medical device

SAS Category C code (see back of form)	**Trade name** (for medicines only)
Expected quantity[i] required for treatment and/or duration	

Treating health practitioner details

First name	**Surname**
AHPRA ID	**Health practitioner[ii] type**
Email	**Speciality**
Fax	**Phone**
Principle practice address	

Submitter details (if different)

Business or practice name (e.g. Pharmacy name)	
First name	**Surname**
Health practitioner type	**Fax**
Email	**Phone**
Preferred Contact: ☐ Treating health practitioner ☐ Submitter	**Preferred contact method:** Email ☐ Fax ☐ Phone ☐

Please note that the giving of false or misleading information is an offence under the *Criminal Code Act 1995* and that penalties may be imposed.	
Submitter's signature	**Date**

Please only send the first page of this form to the TGA.

PO Box 100 Woden ACT 2606 ABN 40 939 406 804
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TGA Health Safety Regulation