



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 A

Important information

Please complete clearly and in full

Medicines/biologicals: **Category A patient** means a person who is seriously ill with a condition from which death is reasonably likely to occur within a matter of months, or from which premature death is reasonably likely to occur in the absence of early treatment.

Medical devices: **Category A patient** means a person who is seriously ill with a condition that is reasonably likely to lead to the person's death within less than a year or, without early treatment, to the person's premature death.

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

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 that the criteria for the administration of the therapeutic good(s) were met and to contact the medical practitioner and discuss the circumstances 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 (do not provide the patient's name)

Patient initials	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> intersex/indeterminate/unspecified <input type="checkbox"/>	DOB	MRN (if applicable)
Diagnosis(es)			Previous SAS No. (if applicable)
Indication			

Product details

Medicine <input type="checkbox"/> Biological <input type="checkbox"/>		Medical device	
Trade Name (if known)	Sponsor / Supplier	Trade name	
Active ingredient(s)		Product description (including variant ¹)	
Dosage form (e.g., tablet)	Strength (e.g., 1 mg/ml)	No of units to be supplied	Sponsor / Supplier
Route of administration (e.g., IV)	Dose & frequency (1 tds)	Expected duration of treatment	
Expected duration of treatment			

Medical Practitioner Details		Submitter details (if different)	
First name	Surname	Business or practice name (e.g. Pharmacy name)	
AHPRA ID	Speciality	First name	Surname
Email		Health practitioner type	Fax
Fax	Phone	Email	Phone
Principal practice address		Preferred Contact: <input type="checkbox"/> Medical Practitioner <input type="checkbox"/> Submitter	Preferred contact method: Email <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/>

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 of supply
-----------------------	----------------

Please send a copy of this form to the TGA and to the Sponsor/Supplier

¹ 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)