



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 B

Important information

Email completed form to SAS@health.gov.au (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 <https://www.tga.gov.au/privacy>.

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

- Assess the application.
- Contact the health practitioner and discuss the application where necessary.
- 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. Applications cannot be assessed if the form is incomplete or illegible. PLEASE PRINT IN BLOCK LETTERS.

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			
Clinical justification for use of product (e.g. Include seriousness of condition, details of previous treatment including reasons why a therapeutic good currently listed on the ARTG cannot be used for the treatment of this patient in this circumstance)			

Product details (attach efficacy and safety data to support proposed use of the product and details of intended monitoring)

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	Intended date of use
Expected duration of treatment			

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)

Prescribing health practitioner details

First name	Surname
AHPRA ID	Health practitioner ¹ type
Email	Speciality
Fax	Phone
Principal 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: <input type="checkbox"/> Prescribing health 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
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Please send this form to the TGA only