

<b>APPLICANT</b> (stamp or sticker acceptable)	<b>PATIENT NHI:</b> .....	<b>REFERRER Reg No:</b> .....
Reg No: .....	First Names: .....	First Names: .....
Name: .....	Surname: .....	Surname: .....
Address: .....	DOB: .....	Address: .....
.....	Address: .....	.....
.....	.....	.....
Fax Number: .....	.....	Fax Number: .....

**Emtricitabine with tenofovir disoproxil**

**Initial application**

Applications from any relevant practitioner. Approvals valid for 24 months.

**Prerequisites**(tick boxes where appropriate)

<input type="checkbox"/>	Patient has tested HIV negative, does not have signs or symptoms of acute HIV infection and has been assessed for HIV seroconversion
<b>and</b>	
<input type="checkbox"/>	The Practitioner considers the patient is at elevated risk of HIV exposure and use of PrEP is clinically appropriate

Note: Refer to local health pathways or the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine clinical guidelines:  
<https://ashm.org.au/HIV/PrEP/>

**Renewal**

Current approval Number (if known):.....

Applications from any relevant practitioner. Approvals valid for 24 months.

**Prerequisites**(tick boxes where appropriate)

<input type="checkbox"/>	Patient has tested HIV negative, does not have signs or symptoms of acute HIV infection and has been assessed for HIV seroconversion
<b>and</b>	
<input type="checkbox"/>	The Practitioner considers the patient is at elevated risk of HIV exposure and use of PrEP is clinically appropriate

Note: Refer to local health pathways or the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine clinical guidelines:  
<https://ashm.org.au/HIV/PrEP/>

**I confirm the above details are correct and that in signing this form I understand I may be audited.**

Signed: ..... Date: .....

Post application to Ministry of Health, Private Bag 3015, Wanganui – email: [customerservice@health.govt.nz](mailto:customerservice@health.govt.nz)