

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

## Primaquine

### Initial application

Applications only from an infectious disease specialist or clinical microbiologist. Approvals valid for 1 month.

**Prerequisites**(tick boxes where appropriate)

- ☐ The patient has vivax or ovale malaria
- and
- ☐ Primaquine is to be given for a maximum of 21 days

### Renewal

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

Applications only from an infectious disease specialist or clinical microbiologist. Approvals valid for 1 month.

**Prerequisites**(tick boxes where appropriate)

- ☐ The patient has relapsed vivax or ovale malaria
- and
- ☐ Primaquine is to be given for a maximum of 21 days

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

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

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