

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

**Tacrolimus**

**Initial application — organ transplant**

Applications only from a relevant specialist. Approvals valid without further renewal unless notified.

**Prerequisites**(tick boxes where appropriate)

<input type="checkbox"/> The individual is an organ transplant recipient <b>or</b> <input type="checkbox"/> The individual is receiving induction therapy for an organ transplant
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Note: Subsidy applies for either primary or rescue therapy.

**Initial application — non-transplant indications\***

Applications only from a relevant specialist. Approvals valid without further renewal unless notified.

**Prerequisites**(tick boxes where appropriate)

<input type="checkbox"/> Patient requires long-term systemic immunosuppression <b>and</b> <input type="checkbox"/> Ciclosporin has been trialed and discontinued treatment because of unacceptable side effects or inadequate clinical response <b>or</b> <input type="checkbox"/> Patient is a child with nephrotic syndrome*
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Note: Indications marked with \* are unapproved indications

**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)