Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA1684
December 2026

APPLICANT (stamp or sticker acceptable)	**PATIENT** NHI:	**REFERRER** Reg No: .....
Reg No:	First Names:	First Names: .....
Name:	Surname:	Surname: .....
Address:	DOB:	Address: .....
.....	Address:	.....
.....	.....	.....
.....	.....	.....

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