

3880 Parkwood Blvd., Suite 403
Frisco, TX 75034
214-618-2802 Fax: 214-618-3208

Gardasil- HPV Vaccine

Read this information with care before getting GARDASIL® 9. You or your child (the person getting GARDASIL 9) will need 3 doses of the vaccine. It is important to read this information before getting each dose.

What is GARDASIL 9

GARDASIL 9 is a vaccine (injection/shot) given to individuals 9 through 26 years of age to help protect against diseases caused by some types of Human Papillomavirus (HPV).

What diseases can GARDASIL 9 help protect against

In girls and women 9 through 26 years of age, GARDASIL 9 helps protect against:

- Cervical cancer
- Vulvar and vaginal cancers
- Anal cancer
- Precancerous cervical, vulvar, vaginal and anal lesions
- Genital warts

Most of the time, these diseases are caused by nine types of HPV: HPV Types 6, 11, 16, 18, 31, 33, 45, 52, and 58. GARDASIL 9 only protects against diseases caused by these nine types of HPV.

People cannot get HPV or any of these diseases from GARDASIL 9.

What important information about GARDASIL 9 should I know

GARDASIL 9:

- Does not remove the need for cervical cancer screening; women should still get routine cervical cancer screening.
- Does not protect the person getting GARDASIL 9 from a disease that is caused by other types of HPV, other viruses or bacteria.
- Does not treat HPV infection.
- Does not protect the person getting GARDASIL 9 from HPV types that he/she may already have.

GARDASIL 9 may not fully protect each person who gets it.

Who should not get GARDASIL 9? Anyone with an allergic reaction to:

- A previous dose of GARDASIL 9
- A previous dose of GARDASIL®
- Yeast (severe allergic reaction)
- Amorphous aluminum hydroxyphosphate sulfate
- Polysorbate 80

What should I tell the health care professional before getting GARDASIL 9

Tell the health care professional if you or your child (the person getting GARDASIL 9):

- Are pregnant or planning to get pregnant.
- Have immune problems, like HIV or cancer.
- Take medicines that affect the immune system.
- Have a fever over 100°F (37.8°C).
- Might have had an allergic reaction to a previous dose of GARDASIL 9 or GARDASIL.
- Take any medicines, even those you can buy over the counter.

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The health care professional will help decide if you or your child should get the vaccine.

How is GARDASIL 9 given

GARDASIL 9 is a shot that is usually given in the arm muscle. GARDASIL 9 may be given as 2 or 3 shots.

For persons who are	You will need	Given as
9 through 14 years old	2-shots*	Dose 1: first shot Dose 2: second shot given between 6 and 12 months after the first shot
	or 3-shots**	Dose 1: first shot Dose 2: second shot given 2 months after the first shot Dose 3: third shot given 6 months after the first shot
15 through 26 years old	3-shots	Dose 1: first shot Dose 2: second shot given 2 months after the first shot Dose 3: third shot given 6 months after the first shot

*If the second shot is given earlier than 5 months after the first shot, you will need to get a third shot at least 4 months after the second shot was given.

**The need to use a 3-dose schedule instead of a 2-dose schedule will be determined by your health care professional.

Make sure that you or your child gets all doses recommended by your health care professional so that you or your child gets the best protection. If the person getting GARDASIL 9 misses a dose, tell the health care professional and they will decide when to give the missed dose. It is important that you follow the instructions of your health care professional regarding return visits for the follow-up doses.

Fainting can happen after getting an HPV vaccine. Sometimes people who faint can fall and hurt themselves. For this reason, the health care professional may ask the person getting GARDASIL 9 to sit or lie down for 15 minutes after getting the vaccine. Some people who faint might shake or become stiff. The health care professional may need to treat the person getting GARDASIL 9.

Can I get GARDASIL 9 if I have already gotten GARDASIL

If you have already gotten GARDASIL, talk to your health care professional to see if GARDASIL 9 is right for you.

Can I get GARDASIL 9 with other vaccines

GARDASIL 9 can be given at the same time as:

- Menactra [Meningococcal (Groups A, C, Y and W-135) Polysaccharide Diphtheria Toxoid Conjugate Vaccine]
- Adacel [Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine Adsorbed (Tdap)]

What are the possible side effects of GARDASIL 9

The most common side effects seen with GARDASIL 9 are

- pain, swelling, redness, itching, bruising, bleeding, and a lump where you got the shot
- headache
 - fever
- nausea
- dizziness
- tiredness
- diarrhea
- abdominal pain
- sore throat

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Studies show that there was more swelling where the shot was given when GARDASIL 9 was given at the same time as Menactra and Adacel.

Tell the health care professional if you have any of these problems because these may be signs of an allergic reaction:

- difficulty breathing
- wheezing (bronchospasm)
- hives
- rash

These side effects have been seen with GARDASIL. Because GARDASIL 9 is related to GARDASIL, they may also be seen after getting GARDASIL 9

- swollen glands (neck, armpit, or groin)
- joint pain
- unusual tiredness, weakness, or confusion
- chills
- generally feeling unwell
- leg pain
- shortness of breath
- chest pain
- aching muscles
- muscle weakness
- seizure
- bad stomach ache
- bleeding or bruising more easily than normal
- skin infection
- fainting You should contact your health care professional right away if you get any symptoms that bother you

If you still have any questions or concerns, we strongly encourage you to speak with your physician before your procedure.

The signature below indicates that the patient has read all of the information regarding to, understands, and agrees to the Gardasil HPV Vaccine in three injections.

INJECTION 1

Patient signature _____ Date _____

Witness _____ Date _____

physician _____ Date _____

INJECTION 2

Patient signature _____ Date _____

Witness _____ Date _____

physician _____ Date _____

INJECTION 3

Patient signature _____ Date _____

Witness _____ Date _____

Kristen Innes, MD, PA / Christine Ku, MD, PLLC / Jennifer Gulick, MD, PLLC

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physician _____ Date _____

The information contained in this Medical Informed Consent Form is intended to solely inform and educate and should not be used as a substitute for medical evaluation, advice, diagnosis or treatment by a physician or other healthcare professional. Please call your doctor if you have any questions.