

**REQUEST FOR ANNUAL PREGNANCY REPORT FOR GARDASIL®**  
**Human Papillomavirus Vaccine [types 6, 11, 16, 18] (Recombinant adsorbed)**

To request the Annual Pregnancy report for Gardasil®, please fill out the form below and return it by mail to:

**Sanofi Pasteur MSD**  
**Pharmacovigilance Department – Pregnancy Registry**  
**8, rue Jonas Salk**  
**69367 LYON CEDEX 07 - FRANCE**

or by fax: **0805.858.848**

Name .....

First Name .....

Title .....

Speciality .....

Affiliation / Institution .....

Address .....

City .....

Zip code .....

Phone .....

Fax .....

**Thank you for your interest in the Sanofi Pasteur MSD  
Pregnancy Registry program**