



Request Form for High Risk Human Papilloma Virus (HPV) Vaccine

Vaccine being requested:

Description	Supply (in doses)	Dose Requested
Gardasil® (HPV4) (for clients who have previously received 1 or 2 doses)	1 x 0.5 ml	
Gardasil 9® (HPV9) (for new clients only who have not previously received any doses)	1 x 0.5 ml	

Clients who meet the following criteria:

- Individuals who are 26 years of age or younger who identify as gay, bisexual, as well as other men who have sex with men (MSM) including some trans people (specifically, those who identify as MSM)

Client File Number: _____

Date of Birth (yyyy/mm/dd): _____ Male: Female:

Dose being requested: Dose 1: Dose 2: Dose 3:

Date previous doses given (yyyy/mm/dd): Dose 1 _____ Dose 2 _____

*Date of scheduled appointment (order will not be filled if the appointment date is not provided)
(yyyy/mm/dd): _____

Name of HCP: _____ Date of Request (yyyy/mm/dd): _____

HCP address: _____

Please return by Fax (613-580-2783) or email (vaccine@ottawa.ca)

For Vaccine Room Use ONLY

Date order filled: _____

Vaccine: _____ Lot Number: _____

Filled by: _____

Revised September 2017