



Administration (or supply) of Gardasil 9 under Patient Group Direction

Pharmacy Name : Pyramid Pharmacy

Address : 413 Hoe Street, E17 9AP

Patient details

First Name : Surname :

Address :(no regular address [])

Post code :

DOB : Gender : NHS No :

Ethnicity (print separately):

Tel : Mobile : Email :

GP :

Patient Consent : I have had a consultation with the pharmacist and consent to receive the Gardasil 9.I also have had and opportunity to ask any questions regarding the consultation.

Signed:.....

Date :.....

Reason for inclusion

Patients 9 years of age, or older seeking immunisation against:

Premalignant genital lesions (cervical, vulvar and vaginal), premalignant anal lesions, cervical cancers and anal cancers causally related to certain oncogenic Human Papillomavirus (HPV) types

Genital warts (condyloma acuminata) causally related to specific HPV types
The National HPV vaccination programme is aimed at female patients aged between 11 and 18 years of age, and uses Gardasil®, which protects against 4 HPV types. This PGD covers all patient groups for whom Gardasil 9® is licensed for use, including female patients aged 9 to 11 years, and those over 18 years, and male patients aged over 9 years.

Patient medication and comments

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Reasons for exclusions

As per the general exclusions stated in the Core PGD, plus:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Patients under 9 years of age	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Patients with hypersensitivity following a previous dose of Gardasil 9®, or Gardasil®/Silgard®	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Patients who are pregnant, or breastfeeding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Patients with bleeding disorders, or taking anticoagulants, for whom intramuscular injection is not recommended – the subcutaneous route should not be used for Gardasil	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Administration Details

Product Name	Batch No	Expiry date (MM/YYYY)	Route of administration (Oral, Left arm, Right arm, etc)	Date & Time

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Premise: [] Pharmacy other via sonar authorisation

Name of Pharmacist : Signature :