



FAX COVERSHEET

**To: Merck Pregnancy Registry Program
Clinical Safety and Risk Management
Phone: 800-986-8999
FAX: 267-305-6541**

DATE: _____

From: _____
(Please enter name and address below)

Phone : _____
FAX: _____

Message to the Merck Pregnancy Registry

I am requesting information from the Pregnancy Registry for **GARDASIL®9**. Please send the latest annual report along with the forms used to collect registry data to the fax number above.

Name: _____

Address: _____

Thank you for your interest in the Merck Pregnancy Registry Program

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