



# Vaccination Card

## Keep track of your vaccinations

Work with your health care provider to understand which vaccines you need as you start FABHALTA<sup>®</sup> (iptacopan). This card can help you record them. Bring it to every vaccination appointment.

*Share this card with your vaccine provider. They'll fill it out.*

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First Name

Middle Initial

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Last Name

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Date of Birth

Vaccination	Brand & Lot #	Date	Vaccination Site
<input type="checkbox"/> Meningococcal Conjugate (MenACWY)			
<input type="checkbox"/> Serogroup B Meningococcal (MenB) Doses must all be the same brand.			
<input type="checkbox"/> Pneumococcal			

Keep this card for your records.  
Call **1-833-99FABHA** (1-833-993-2242) with any questions.

**Novartis**  
**Patient Support™**

**To be filled out by vaccine provider (if applicable):**

You are due for your next \_\_\_\_\_ dose on \_\_\_\_\_.

Vaccination name

Date/Time

You are due for your next \_\_\_\_\_ dose on \_\_\_\_\_.

Vaccination name

Date/Time

You are due for your next \_\_\_\_\_ dose on \_\_\_\_\_.

Vaccination name

Date/Time

You are due for your next \_\_\_\_\_ dose on \_\_\_\_\_.

Vaccination name

Date/Time

You are due for your next \_\_\_\_\_ dose on \_\_\_\_\_.

Vaccination name

Date/Time

Please see full [Prescribing Information](#), including **Boxed WARNING** and [Medication Guide](#).

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**Novartis Patient Support offers support to help you locate vaccinations:**

Please contact Novartis Patient Support at **1-833-99FABHA** (1-833-993-2242), Monday through Friday, 8:00 AM-8:00 PM ET, excluding holidays, for more information. Limitations apply.

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