



Vaccination Card

Keep track of your vaccinations

Work with your health care provider to understand which vaccines you need as you start FABHALTA® (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.

First Name

Middle Initial

Last Name

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 | | | |
| <input type="checkbox"/> <i>Haemophilus influenzae</i> type B (Hib) | | | |

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](#).

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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12/23

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