



# Infusion **Logbook**

Keep your infusion information together and organized.

Name: \_\_\_\_\_



FOR HELP WITH YOUR INFUSIONS, PLEASE SPEAK TO YOUR LOCAL HEMOPHILIA TREATMENT CENTER OR HEALTHCARE PROVIDER.

CIRCLE YOUR INFUSION DATES BELOW.

2017

<b>JANUARY</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>FEBRUARY</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	<b>MARCH</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>APRIL</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
<b>MAY</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>JUNE</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	<b>JULY</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>AUGUST</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
<b>SEPTEMBER</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	<b>OCTOBER</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>NOVEMBER</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	<b>DECEMBER</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

2018

<b>JANUARY</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>FEBRUARY</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	<b>MARCH</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>APRIL</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
<b>MAY</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>JUNE</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	<b>JULY</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>AUGUST</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
<b>SEPTEMBER</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	<b>OCTOBER</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>NOVEMBER</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	<b>DECEMBER</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31



# Infusion Records

For help with your infusions, please speak to your local hemophilia treatment center or healthcare provider.

INFUSION	VIAL INFORMATION							
(Combine all vials used on this date.)	Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM				
Date: ____/____/____	<b>INFUSION #1</b> Place label here or fill out details below	<b>INFUSION #2</b> Place label here or fill out details below	<b>INFUSION #3</b> Place label here or fill out details below	<b>INFUSION #4</b> Place label here or fill out details below				
Total Amount: _____					Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____
Reason: _____					Lot Number: _____	Lot Number: _____	Lot Number: _____	Lot Number: _____
_____					Amount: _____	Amount: _____	Amount: _____	Amount: _____

INFUSION	VIAL INFORMATION							
(Combine all vials used on this date.)	Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM				
Date: ____/____/____	<b>INFUSION #1</b> Place label here or fill out details below	<b>INFUSION #2</b> Place label here or fill out details below	<b>INFUSION #3</b> Place label here or fill out details below	<b>INFUSION #4</b> Place label here or fill out details below				
Total Amount: _____					Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____
Reason: _____					Lot Number: _____	Lot Number: _____	Lot Number: _____	Lot Number: _____
_____					Amount: _____	Amount: _____	Amount: _____	Amount: _____

INFUSION	VIAL INFORMATION							
(Combine all vials used on this date.)	Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM				
Date: ____/____/____	<b>INFUSION #1</b> Place label here or fill out details below	<b>INFUSION #2</b> Place label here or fill out details below	<b>INFUSION #3</b> Place label here or fill out details below	<b>INFUSION #4</b> Place label here or fill out details below				
Total Amount: _____					Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____
Reason: _____					Lot Number: _____	Lot Number: _____	Lot Number: _____	Lot Number: _____
_____					Amount: _____	Amount: _____	Amount: _____	Amount: _____

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INFUSION		VIAL INFORMATION			
(Combine all vials used on this date.)		Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM
Date: ____/____/____		<b>INFUSION #1</b>	<b>INFUSION #2</b>	<b>INFUSION #3</b>	<b>INFUSION #4</b>
Total Amount: _____		Place label here or fill out details below	Place label here or fill out details below	Place label here or fill out details below	Place label here or fill out details below
Reason: _____					
_____		Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____
_____		Lot Number: _____	Lot Number: _____	Lot Number: _____	Lot Number: _____
_____		Amount: _____	Amount: _____	Amount: _____	Amount: _____

INFUSION		VIAL INFORMATION			
(Combine all vials used on this date.)		Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM
Date: ____/____/____		<b>INFUSION #1</b>	<b>INFUSION #2</b>	<b>INFUSION #3</b>	<b>INFUSION #4</b>
Total Amount: _____		Place label here or fill out details below	Place label here or fill out details below	Place label here or fill out details below	Place label here or fill out details below
Reason: _____					
_____		Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____
_____		Lot Number: _____	Lot Number: _____	Lot Number: _____	Lot Number: _____
_____		Amount: _____	Amount: _____	Amount: _____	Amount: _____

INFUSION		VIAL INFORMATION			
(Combine all vials used on this date.)		Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM
Date: ____/____/____		<b>INFUSION #1</b>	<b>INFUSION #2</b>	<b>INFUSION #3</b>	<b>INFUSION #4</b>
Total Amount: _____		Place label here or fill out details below	Place label here or fill out details below	Place label here or fill out details below	Place label here or fill out details below
Reason: _____					
_____		Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____
_____		Lot Number: _____	Lot Number: _____	Lot Number: _____	Lot Number: _____
_____		Amount: _____	Amount: _____	Amount: _____	Amount: _____

INFUSION		VIAL INFORMATION			
(Combine all vials used on this date.)		Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM
Date: ____/____/____		<b>INFUSION #1</b>	<b>INFUSION #2</b>	<b>INFUSION #3</b>	<b>INFUSION #4</b>
Total Amount: _____		Place label here or fill out details below	Place label here or fill out details below	Place label here or fill out details below	Place label here or fill out details below
Reason: _____					
_____		Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____
_____		Lot Number: _____	Lot Number: _____	Lot Number: _____	Lot Number: _____
_____		Amount: _____	Amount: _____	Amount: _____	Amount: _____

INFUSION		VIAL INFORMATION			
(Combine all vials used on this date.)		Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM
Date: ____/____/____		<b>INFUSION #1</b>	<b>INFUSION #2</b>	<b>INFUSION #3</b>	<b>INFUSION #4</b>
Total Amount: _____		Place label here or fill out details below	Place label here or fill out details below	Place label here or fill out details below	Place label here or fill out details below
Reason: _____					
_____		Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____
_____		Lot Number: _____	Lot Number: _____	Lot Number: _____	Lot Number: _____
_____		Amount: _____	Amount: _____	Amount: _____	Amount: _____

INFUSION		VIAL INFORMATION			
(Combine all vials used on this date.)		Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM
Date: ____/____/____		<b>INFUSION #1</b>	<b>INFUSION #2</b>	<b>INFUSION #3</b>	<b>INFUSION #4</b>
Total Amount: _____		Place label here or fill out details below	Place label here or fill out details below	Place label here or fill out details below	Place label here or fill out details below
Reason: _____					
_____		Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____
_____		Lot Number: _____	Lot Number: _____	Lot Number: _____	Lot Number: _____
_____		Amount: _____	Amount: _____	Amount: _____	Amount: _____

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INFUSION		VIAL INFORMATION			
(Combine all vials used on this date.)		Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM
Date: ____/____/____		<b>INFUSION #1</b>	<b>INFUSION #2</b>	<b>INFUSION #3</b>	<b>INFUSION #4</b>
Total Amount: _____		Place label here or fill out details below	Place label here or fill out details below	Place label here or fill out details below	Place label here or fill out details below
Reason: _____					
_____		Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____
_____		Lot Number: _____	Lot Number: _____	Lot Number: _____	Lot Number: _____
_____		Amount: _____	Amount: _____	Amount: _____	Amount: _____
_____					

INFUSION		VIAL INFORMATION			
(Combine all vials used on this date.)		Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM
Date: ____/____/____		<b>INFUSION #1</b>	<b>INFUSION #2</b>	<b>INFUSION #3</b>	<b>INFUSION #4</b>
Total Amount: _____		Place label here or fill out details below	Place label here or fill out details below	Place label here or fill out details below	Place label here or fill out details below
Reason: _____					
_____		Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____
_____		Lot Number: _____	Lot Number: _____	Lot Number: _____	Lot Number: _____
_____		Amount: _____	Amount: _____	Amount: _____	Amount: _____
_____					

INFUSION		VIAL INFORMATION			
(Combine all vials used on this date.)		Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM
Date: ____/____/____		<b>INFUSION #1</b>	<b>INFUSION #2</b>	<b>INFUSION #3</b>	<b>INFUSION #4</b>
Total Amount: _____		Place label here or fill out details below	Place label here or fill out details below	Place label here or fill out details below	Place label here or fill out details below
Reason: _____					
_____		Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____
_____		Lot Number: _____	Lot Number: _____	Lot Number: _____	Lot Number: _____
_____		Amount: _____	Amount: _____	Amount: _____	Amount: _____
_____					

INFUSION		VIAL INFORMATION			
(Combine all vials used on this date.)		Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM
Date: ____/____/____		<b>INFUSION #1</b>	<b>INFUSION #2</b>	<b>INFUSION #3</b>	<b>INFUSION #4</b>
Total Amount: _____		Place label here or fill out details below	Place label here or fill out details below	Place label here or fill out details below	Place label here or fill out details below
Reason: _____					
_____		Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____
_____		Lot Number: _____	Lot Number: _____	Lot Number: _____	Lot Number: _____
_____		Amount: _____	Amount: _____	Amount: _____	Amount: _____
_____					

INFUSION		VIAL INFORMATION			
(Combine all vials used on this date.)		Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM
Date: ____/____/____		<b>INFUSION #1</b>	<b>INFUSION #2</b>	<b>INFUSION #3</b>	<b>INFUSION #4</b>
Total Amount: _____		Place label here or fill out details below	Place label here or fill out details below	Place label here or fill out details below	Place label here or fill out details below
Reason: _____					
_____		Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____
_____		Lot Number: _____	Lot Number: _____	Lot Number: _____	Lot Number: _____
_____		Amount: _____	Amount: _____	Amount: _____	Amount: _____
_____					

INFUSION		VIAL INFORMATION			
(Combine all vials used on this date.)		Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM
Date: ____/____/____		<b>INFUSION #1</b>	<b>INFUSION #2</b>	<b>INFUSION #3</b>	<b>INFUSION #4</b>
Total Amount: _____		Place label here or fill out details below	Place label here or fill out details below	Place label here or fill out details below	Place label here or fill out details below
Reason: _____					
_____		Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____
_____		Lot Number: _____	Lot Number: _____	Lot Number: _____	Lot Number: _____
_____		Amount: _____	Amount: _____	Amount: _____	Amount: _____
_____					

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INFUSION		VIAL INFORMATION			
(Combine all vials used on this date.)		Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM
Date: ____/____/____		<b>INFUSION #1</b> Place label here or fill out details below Expiration Date: ____/____/____ Lot Number: _____ Amount: _____	<b>INFUSION #2</b> Place label here or fill out details below Expiration Date: ____/____/____ Lot Number: _____ Amount: _____	<b>INFUSION #3</b> Place label here or fill out details below Expiration Date: ____/____/____ Lot Number: _____ Amount: _____	<b>INFUSION #4</b> Place label here or fill out details below Expiration Date: ____/____/____ Lot Number: _____ Amount: _____
Total Amount: _____					
Reason: _____					
_____					

INFUSION		VIAL INFORMATION			
(Combine all vials used on this date.)		Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM
Date: ____/____/____		<b>INFUSION #1</b> Place label here or fill out details below Expiration Date: ____/____/____ Lot Number: _____ Amount: _____	<b>INFUSION #2</b> Place label here or fill out details below Expiration Date: ____/____/____ Lot Number: _____ Amount: _____	<b>INFUSION #3</b> Place label here or fill out details below Expiration Date: ____/____/____ Lot Number: _____ Amount: _____	<b>INFUSION #4</b> Place label here or fill out details below Expiration Date: ____/____/____ Lot Number: _____ Amount: _____
Total Amount: _____					
Reason: _____					
_____					

INFUSION		VIAL INFORMATION			
(Combine all vials used on this date.)		Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM
Date: ____/____/____		<b>INFUSION #1</b> Place label here or fill out details below Expiration Date: ____/____/____ Lot Number: _____ Amount: _____	<b>INFUSION #2</b> Place label here or fill out details below Expiration Date: ____/____/____ Lot Number: _____ Amount: _____	<b>INFUSION #3</b> Place label here or fill out details below Expiration Date: ____/____/____ Lot Number: _____ Amount: _____	<b>INFUSION #4</b> Place label here or fill out details below Expiration Date: ____/____/____ Lot Number: _____ Amount: _____
Total Amount: _____					
Reason: _____					
_____					

INFUSION		VIAL INFORMATION			
(Combine all vials used on this date.)		Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM
Date: ____/____/____		<b>INFUSION #1</b> Place label here or fill out details below Expiration Date: ____/____/____ Lot Number: _____ Amount: _____	<b>INFUSION #2</b> Place label here or fill out details below Expiration Date: ____/____/____ Lot Number: _____ Amount: _____	<b>INFUSION #3</b> Place label here or fill out details below Expiration Date: ____/____/____ Lot Number: _____ Amount: _____	<b>INFUSION #4</b> Place label here or fill out details below Expiration Date: ____/____/____ Lot Number: _____ Amount: _____
Total Amount: _____					
Reason: _____					
_____					

INFUSION		VIAL INFORMATION			
(Combine all vials used on this date.)		Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM
Date: ____/____/____		<b>INFUSION #1</b> Place label here or fill out details below Expiration Date: ____/____/____ Lot Number: _____ Amount: _____	<b>INFUSION #2</b> Place label here or fill out details below Expiration Date: ____/____/____ Lot Number: _____ Amount: _____	<b>INFUSION #3</b> Place label here or fill out details below Expiration Date: ____/____/____ Lot Number: _____ Amount: _____	<b>INFUSION #4</b> Place label here or fill out details below Expiration Date: ____/____/____ Lot Number: _____ Amount: _____
Total Amount: _____					
Reason: _____					
_____					

INFUSION		VIAL INFORMATION			
(Combine all vials used on this date.)		Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM
Date: ____/____/____		<b>INFUSION #1</b> Place label here or fill out details below Expiration Date: ____/____/____ Lot Number: _____ Amount: _____	<b>INFUSION #2</b> Place label here or fill out details below Expiration Date: ____/____/____ Lot Number: _____ Amount: _____	<b>INFUSION #3</b> Place label here or fill out details below Expiration Date: ____/____/____ Lot Number: _____ Amount: _____	<b>INFUSION #4</b> Place label here or fill out details below Expiration Date: ____/____/____ Lot Number: _____ Amount: _____
Total Amount: _____					
Reason: _____					
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INFUSION		VIAL INFORMATION			
(Combine all vials used on this date.)		Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM
Date: ____/____/____		<b>INFUSION #1</b>	<b>INFUSION #2</b>	<b>INFUSION #3</b>	<b>INFUSION #4</b>
Total Amount: _____		Place label here or fill out details below	Place label here or fill out details below	Place label here or fill out details below	Place label here or fill out details below
Reason: _____					
_____		Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____
_____		Lot Number: _____	Lot Number: _____	Lot Number: _____	Lot Number: _____
_____		Amount: _____	Amount: _____	Amount: _____	Amount: _____
_____					

INFUSION		VIAL INFORMATION			
(Combine all vials used on this date.)		Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM
Date: ____/____/____		<b>INFUSION #1</b>	<b>INFUSION #2</b>	<b>INFUSION #3</b>	<b>INFUSION #4</b>
Total Amount: _____		Place label here or fill out details below	Place label here or fill out details below	Place label here or fill out details below	Place label here or fill out details below
Reason: _____					
_____		Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____
_____		Lot Number: _____	Lot Number: _____	Lot Number: _____	Lot Number: _____
_____		Amount: _____	Amount: _____	Amount: _____	Amount: _____
_____					

INFUSION		VIAL INFORMATION			
(Combine all vials used on this date.)		Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM
Date: ____/____/____		<b>INFUSION #1</b>	<b>INFUSION #2</b>	<b>INFUSION #3</b>	<b>INFUSION #4</b>
Total Amount: _____		Place label here or fill out details below	Place label here or fill out details below	Place label here or fill out details below	Place label here or fill out details below
Reason: _____					
_____		Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____
_____		Lot Number: _____	Lot Number: _____	Lot Number: _____	Lot Number: _____
_____		Amount: _____	Amount: _____	Amount: _____	Amount: _____
_____					

INFUSION		VIAL INFORMATION			
(Combine all vials used on this date.)		Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM
Date: ____/____/____		<b>INFUSION #1</b>	<b>INFUSION #2</b>	<b>INFUSION #3</b>	<b>INFUSION #4</b>
Total Amount: _____		Place label here or fill out details below	Place label here or fill out details below	Place label here or fill out details below	Place label here or fill out details below
Reason: _____					
_____		Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____
_____		Lot Number: _____	Lot Number: _____	Lot Number: _____	Lot Number: _____
_____		Amount: _____	Amount: _____	Amount: _____	Amount: _____
_____					

INFUSION		VIAL INFORMATION			
(Combine all vials used on this date.)		Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM
Date: ____/____/____		<b>INFUSION #1</b>	<b>INFUSION #2</b>	<b>INFUSION #3</b>	<b>INFUSION #4</b>
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Reason: _____					
_____		Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____
_____		Lot Number: _____	Lot Number: _____	Lot Number: _____	Lot Number: _____
_____		Amount: _____	Amount: _____	Amount: _____	Amount: _____
_____					

INFUSION		VIAL INFORMATION			
(Combine all vials used on this date.)		Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM	Time: _____ OAM OPM
Date: ____/____/____		<b>INFUSION #1</b>	<b>INFUSION #2</b>	<b>INFUSION #3</b>	<b>INFUSION #4</b>
Total Amount: _____		Place label here or fill out details below	Place label here or fill out details below	Place label here or fill out details below	Place label here or fill out details below
Reason: _____					
_____		Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____	Expiration Date: ____/____/____
_____		Lot Number: _____	Lot Number: _____	Lot Number: _____	Lot Number: _____
_____		Amount: _____	Amount: _____	Amount: _____	Amount: _____
_____					

# Infusion Records

For help with your infusions, please speak to your local hemophilia treatment center or healthcare provider.

	INFUSION		VIAL INFORMATION
(Combine all vials used on this date.)			
Date: ____/____/____ Total Amount: _____ Reason: _____ _____ _____ _____ _____ _____		<b>INFUSION #1</b>	Time: _____ ◯AM ◯PM <div style="border: 1px dashed black; padding: 5px; text-align: center;">Place label here or fill out details below</div> Expiration Date: ____/____/____ Lot Number: _____ Amount: _____
		<b>INFUSION #2</b>	Time: _____ ◯AM ◯PM <div style="border: 1px dashed black; padding: 5px; text-align: center;">Place label here or fill out details below</div> Expiration Date: ____/____/____ Lot Number: _____ Amount: _____
		<b>INFUSION #3</b>	Time: _____ ◯AM ◯PM <div style="border: 1px dashed black; padding: 5px; text-align: center;">Place label here or fill out details below</div> Expiration Date: ____/____/____ Lot Number: _____ Amount: _____
		<b>INFUSION #4</b>	Time: _____ ◯AM ◯PM <div style="border: 1px dashed black; padding: 5px; text-align: center;">Place label here or fill out details below</div> Expiration Date: ____/____/____ Lot Number: _____ Amount: _____

	INFUSION		VIAL INFORMATION
(Combine all vials used on this date.)			
Date: ____/____/____ Total Amount: _____ Reason: _____ _____ _____ _____ _____ _____		<b>INFUSION #1</b>	Time: _____ ◯AM ◯PM <div style="border: 1px dashed black; padding: 5px; text-align: center;">Place label here or fill out details below</div> Expiration Date: ____/____/____ Lot Number: _____ Amount: _____
		<b>INFUSION #2</b>	Time: _____ ◯AM ◯PM <div style="border: 1px dashed black; padding: 5px; text-align: center;">Place label here or fill out details below</div> Expiration Date: ____/____/____ Lot Number: _____ Amount: _____
		<b>INFUSION #3</b>	Time: _____ ◯AM ◯PM <div style="border: 1px dashed black; padding: 5px; text-align: center;">Place label here or fill out details below</div> Expiration Date: ____/____/____ Lot Number: _____ Amount: _____
		<b>INFUSION #4</b>	Time: _____ ◯AM ◯PM <div style="border: 1px dashed black; padding: 5px; text-align: center;">Place label here or fill out details below</div> Expiration Date: ____/____/____ Lot Number: _____ Amount: _____



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