

Infusion Log

Patient Name / Date of Birth:

Infusion	Bleed (□ N/A)	Product	/Vial Information (o	r use peel-off labels	from vial)	Reason for Infusion	Circle Site of Bleed (□ N/A)
Date	Start Date	Brand	Brand	Brand	Brand	☐ Spontaneous Bleed☐ Preventative (e.g., sports)	Right Side Left Side
Time □ AM □ PM Total Units	Time Elapsed Before First Treatment <1 hr 1-3 hr > 3 hr	Exp. Date / / Lot Number Units	□ Scheduled Prophylaxis □ Surgery-related □ Injury-related □ Follow-up Infusion □ Immune Tolerance □ Dental Procedure	Shoulder — Mouth Shoulder Elbow Elbow Wrist Wrist Hip — Hip Thigh — Thigh Knee — Knee			
Treatment Re Comments:	•	xcellent □ Goo			tell at this time		Calf — Calf Ankle— Groin
Infusion	Bleed (□ N/A)	Product	Vial Information (o	r use peel-off labels	from vial)	Reason for Infusion	Circle Site of Bleed (□ N/A)
Date	Start Date	Brand	Brand	Brand	Brand	☐ Spontaneous Bleed	
						☐ Preventative (e.g., sports)	Right Side Left Side
Time	Time Elapsed Before First Treatment	Exp. Date / / Lot Number	□ Preventative (e.g., sports) □ Scheduled Prophylaxis □ Surgery-related □ Injury-related □ Follow-up Infusion				
Time □ AM □ PM Total Units	Before First	/ /	. / /	/ /	/ /	□ Preventative (e.g., sports) □ Scheduled Prophylaxis □ Surgery-related □ Injury-related	Shoulder — Mouth Shoulder Elbow Elbow
□ AM □ PM	Before First Treatment □ <1 hr □ 1-3 hr □ > 3 hr	/ / Lot Number	/ / Lot Number Units	/ / Lot Number Units	/ / Lot Number	□ Preventative (e.g., sports) □ Scheduled Prophylaxis □ Surgery-related □ Injury-related □ Follow-up Infusion □ Immune Tolerance □ Dental Procedure	Head Shoulder Shoulder Elbow Wrist Hip Thigh Thigh Thigh Houth Shoulder Elbow Wrist Hip Thigh Thigh