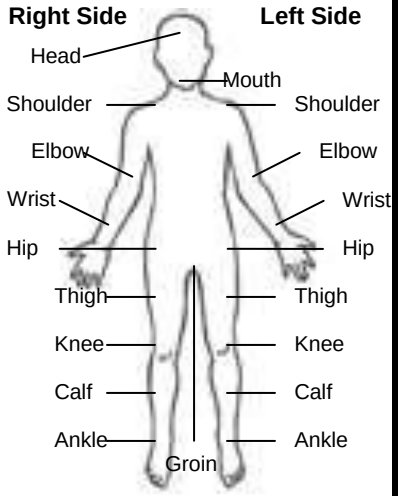
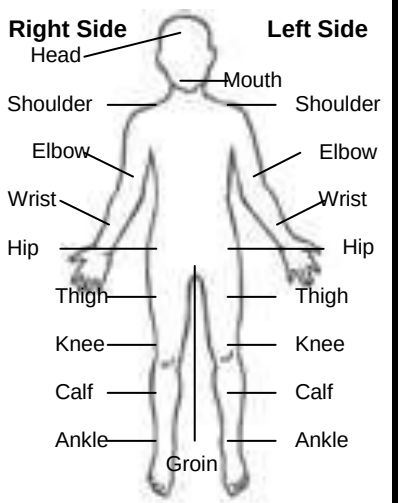
INFUSION LOG

Patient Name / Date of Birth: _____

Infusion	**Bleed** (☐ N/A)	**Product/Vial Information** (or 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) ☐ Scheduled Prophylaxis ☐ Surgery-related ☐ Injury-related ☐ Follow-up Infusion ☐ Immune Tolerance ☐ Dental Procedure ☐ _____	
Time ☐ AM ☐ PM	Time Elapsed Before First Treatment ☐ <1 hr ☐ 1-3 hr ☐ > 3 hr	Exp. Date / /	Exp. Date / /	Exp. Date / /	Exp. Date / /		
		Lot Number	Lot Number	Lot Number	Lot Number		
Total Units		Units	Units	Units	Units		
Treatment Response: ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Can't tell at this time							
Comments: _____							

Infusion	**Bleed** (☐ N/A)	**Product/Vial Information** (or 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) ☐ Scheduled Prophylaxis ☐ Surgery-related ☐ Injury-related ☐ Follow-up Infusion ☐ Immune Tolerance ☐ Dental Procedure ☐ _____	
Time ☐ AM ☐ PM	Time Elapsed Before First Treatment ☐ <1 hr ☐ 1-3 hr ☐ > 3 hr	Exp. Date / /	Exp. Date / /	Exp. Date / /	Exp. Date / /		
		Lot Number	Lot Number	Lot Number	Lot Number		
Total Units		Units	Units	Units	Units		
Treatment Response: ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Can't tell at this time							
Comments: _____							