

**Cuvitru**  
[Immune Globulin Subcutaneous (Human)] 20%

## Reconnect with friends over dinner.

People with PI who infuse CUVITRU may be able to experience more of these moments with weekly or every-other-week infusions.

## This is your Wellness Journal.

Use this to record your infusions and keep track of how you're feeling throughout the process.

### What is CUVITRU® [Immune Globulin Subcutaneous (Human)] 20% Solution?

CUVITRU is a ready-to-use liquid medicine that is given under the skin (subcutaneously) to treat primary immunodeficiency (PI) in people 2 years and older.

### IMPORTANT SAFETY INFORMATION

#### What is the most important information I need to know about CUVITRU?

CUVITRU can cause the following serious reactions:

- Severe allergic reactions causing difficulty in breathing or skin rashes
- Decreased kidney function or kidney failure
- Blood clots in the heart, brain, lungs, or elsewhere in the body
- Severe headache, drowsiness, fever, painful eye movements, or nausea and vomiting
- Dark colored urine, swelling, fatigue, or difficulty breathing

*Please scroll for additional Important Safety Information, click for [Information For Patients](#), and discuss with your HCP.*



# Let's track your treatment together.

Thank you for trusting CUVITRU to help you manage and treat your primary immunodeficiency (PI).

Keeping a record of your infusions is an important part of staying on track with your treatment plan. And with this Wellness Journal, we're here to help you do just that. Whether you're infusing daily, weekly or twice a month—use this journal to log each infusion, document how you're feeling during or after your infusion, and write down any questions, concerns or thoughts you want to talk to your doctor about.



## We're here to help.

Resources and support are available. See [page 115](#) for information about co-pay and community support.


## IMPORTANT SAFETY INFORMATION (continued)

### Who should not use CUVITRU?

Do not use CUVITRU if you:

- Have had a severe allergic reaction to immune globulin or other blood products.
- Have a condition called selective (or severe) immunoglobulin A (IgA) deficiency.

*Please scroll for additional Important Safety Information, click for [Information For Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.*

  
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# Write down your details.

This basic information will help get your Wellness Journal off to a good start.

## This infusion log is the property of:

Name:

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Phone:

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Medication allergy:

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Date I was diagnosed with PI:

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Date I started my treatment:

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What I want from this therapy:

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Brand of my infusion pump:

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# Healthcare contacts:

Keep this info handy so you're not scrambling for phone numbers when you need them.

## Doctor

Name:

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Phone:

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## Nurse

Name:

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Phone:

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## Specialty pharmacy

Name:

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Phone:

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## Insurance

Name:

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Phone:

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# What the infusion experience is like.



## BEFORE the infusion

- Get comfy
- Get your supplies out and ready
- Read over the infusion steps as a refresher if you need to, especially if you're just starting out
- If appropriate, make sure you're hydrated before infusing and have a drink nearby in case you're thirsty during your infusion
- If others are around, let them know your infusion time so there's as little disruption for you as possible



## DURING the infusion

- Try your best to relax and stay comfy, as the average infusion time is about 2 hours
- Read, play a game, catch up on your fave show, call a friend, get creative and use this time for you
- You may experience mild to moderate pain, redness, swelling, and itching (BUT, these are common and generally go away within a few hours). These aren't all of the possible side effects, but ones you may immediately notice
- Other common side effects may include headache, nausea, fatigue, diarrhea, fever, and vomiting
- These are not all the possible side effects. Talk to your doctor about any side effect that bothers you or that does not go away. If side effects increase in severity or persist more than a few days, call your doctor or hospital emergency services immediately
- For additional safety information, click for [Information for Patients](#)



## AFTER the infusion


- If appropriate, continue to drink fluids to stay hydrated
- Record your infusion details and any reactions or notes for yourself or your doctor

## IMPORTANT SAFETY INFORMATION (continued)

### What should I avoid while taking CUVITRU?

- CUVITRU can make vaccines (like measles/mumps/rubella or chickenpox vaccines) not work as well for you. Before you get any vaccines, tell your healthcare provider (HCP) that you take CUVITRU.
- Tell your HCP if you are pregnant, or plan to become pregnant, or if you are nursing.

***Please scroll for additional Important Safety Information, click for [Information For Patients](#), including Warning about Blood Clots, and discuss with your HCP.***

  
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# How to use this journal.

## Use your Wellness Journal to track your treatment.

Your Wellness Journal serves two purposes—to maintain a log of your infusions and to keep track of your day-to-day wellness. Keeping a record of all your infusions and how you’re feeling is important for you and your doctor to monitor your health.

As soon as you complete each infusion, just fill in the information required to log that infusion.

Mark down whether your infusion is daily, weekly, or twice a month.

Keep track of IG vial information here. You can either remove the label or write in the information.

Add date to this square.

Document how you feel before, after, and in between your infusions by using the scale.

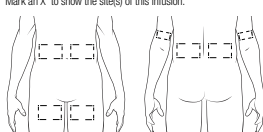
Use the space below to add any notes.

Mark any pages you want to talk over with your doctor or nurse.

### Infusion 1

**Date of infusion:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)  
Start time: \_\_\_\_\_ (AM/PM)  
Dose: \_\_\_\_\_ (g)  
Infusion rate (highest rate tolerated): \_\_\_\_\_ mL/hr  
Stop time: \_\_\_\_\_ (AM/PM)  
Duration of infusion: \_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Infusion schedule:** \_\_\_\_\_  
Record any changes in the supplies you used for this infusion:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List medication(s) taken prior to infusion:  
\_\_\_\_\_  
\_\_\_\_\_

List any reactions during and after your infusion:  
\_\_\_\_\_  
\_\_\_\_\_

*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

**Affix the label here** or write in:  
Lot number: \_\_\_\_\_  
Vial size: \_\_\_\_\_  
Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Affix the label here** or write in:  
Lot number: \_\_\_\_\_  
Vial size: \_\_\_\_\_  
Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Affix the label here** or write in:  
Lot number: \_\_\_\_\_  
Vial size: \_\_\_\_\_  
Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Wellness Tracker for Infusion 1

**Month:** \_\_\_\_\_ **Year:** \_\_\_\_\_ **Rate your overall wellness:**        +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<span style="display: inline-block; width: 1em; height: 1em; background-color: red; border-radius: 50%;"></span>	<span style="display: inline-block; width: 1em; height: 1em; background-color: red; border-radius: 50%;"></span>	<span style="display: inline-block; width: 1em; height: 1em; background-color: red; border-radius: 50%;"></span>	<span style="display: inline-block; width: 1em; height: 1em; background-color: red; border-radius: 50%;"></span>	<span style="display: inline-block; width: 1em; height: 1em; background-color: red; border-radius: 50%;"></span>	<span style="display: inline-block; width: 1em; height: 1em; background-color: red; border-radius: 50%;"></span>	<span style="display: inline-block; width: 1em; height: 1em; background-color: red; border-radius: 50%;"></span>
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<span style="display: inline-block; width: 1em; height: 1em; background-color: red; border-radius: 50%;"></span>	<span style="display: inline-block; width: 1em; height: 1em; background-color: red; border-radius: 50%;"></span>	<span style="display: inline-block; width: 1em; height: 1em; background-color: red; border-radius: 50%;"></span>	<span style="display: inline-block; width: 1em; height: 1em; background-color: red; border-radius: 50%;"></span>	<span style="display: inline-block; width: 1em; height: 1em; background-color: red; border-radius: 50%;"></span>	<span style="display: inline-block; width: 1em; height: 1em; background-color: red; border-radius: 50%;"></span>	<span style="display: inline-block; width: 1em; height: 1em; background-color: red; border-radius: 50%;"></span>
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Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

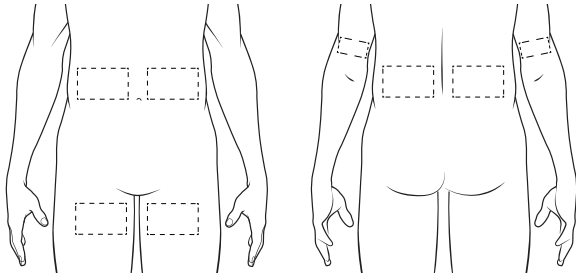
\_\_\_\_\_

\_\_\_\_\_

# Infusion 1

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_











































Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 1

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: —     +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						
						
						
						
						
						

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

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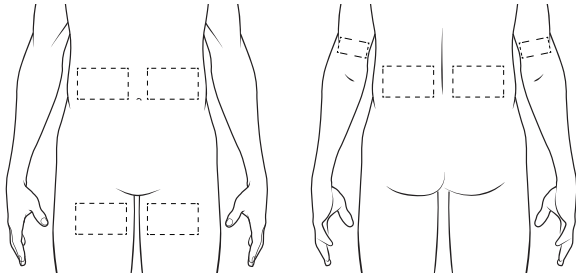


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# Infusion 2

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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---

*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# Wellness Tracker for Infusion 2

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

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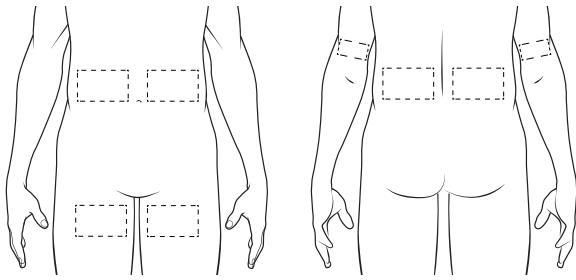


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# Infusion 3

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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---

*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 3

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

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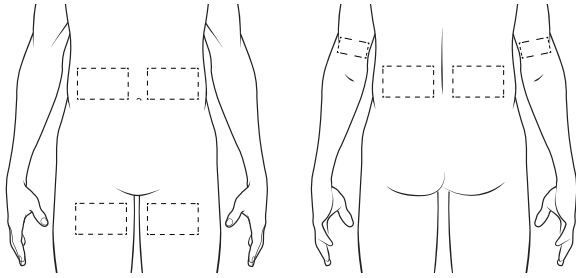


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# Infusion 4

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 4

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

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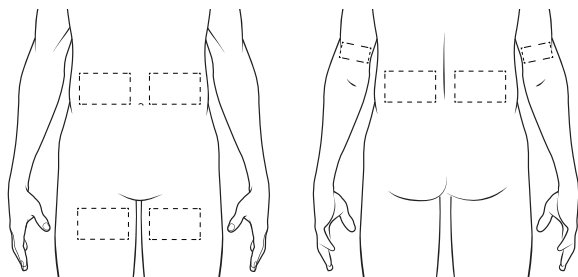


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# Infusion 5

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 5

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

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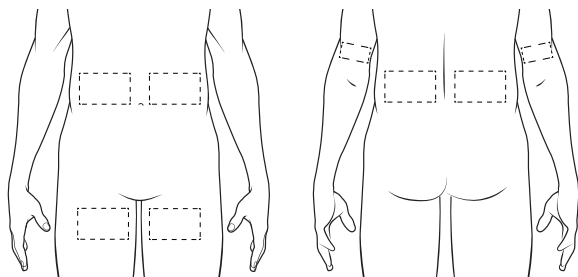


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# Infusion 6

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# Wellness Tracker for Infusion 6

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

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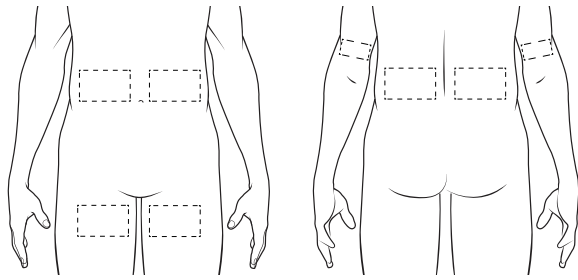


---

# Infusion 7

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 7

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

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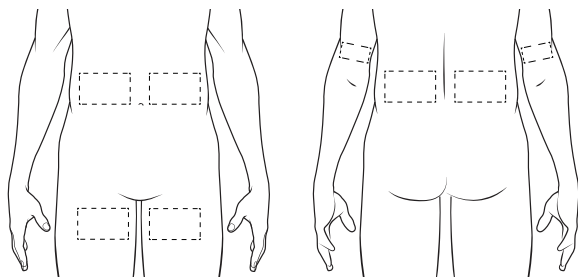


---

# Infusion 8

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 8

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

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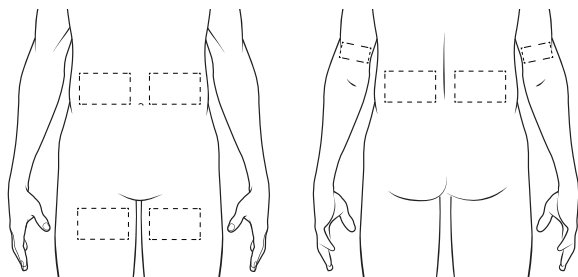


---

# Infusion 9

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 9

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

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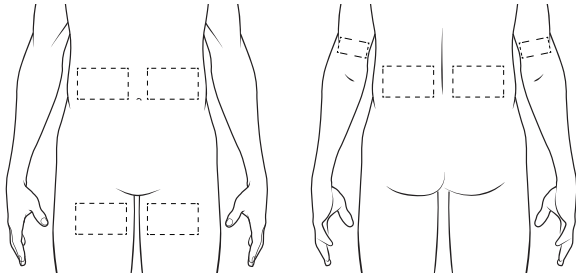


---

# Infusion 10

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# Wellness Tracker for Infusion 10

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

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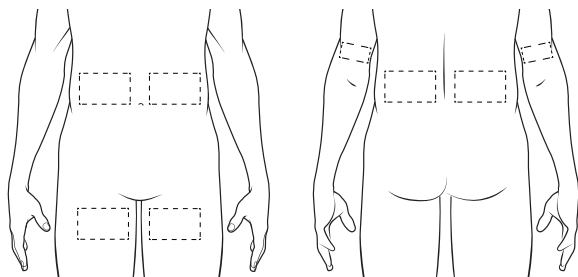


---

# Infusion 11

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 11

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

---

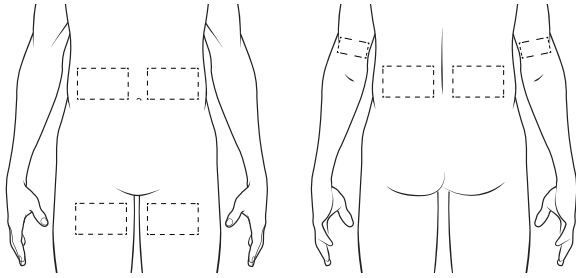


---

# Infusion 12

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 12

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

---

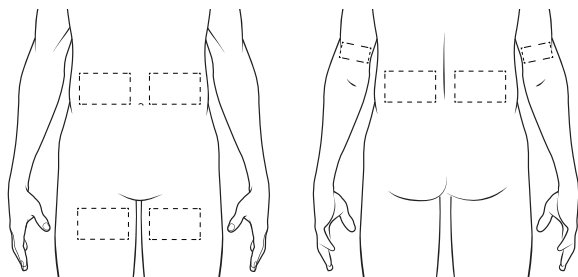


---

# Infusion 13

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 13

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

---

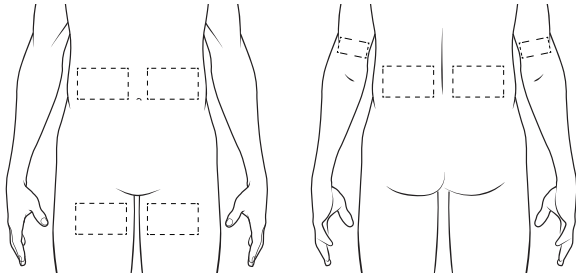


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# Infusion 14

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# Wellness Tracker for Infusion 14

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

---

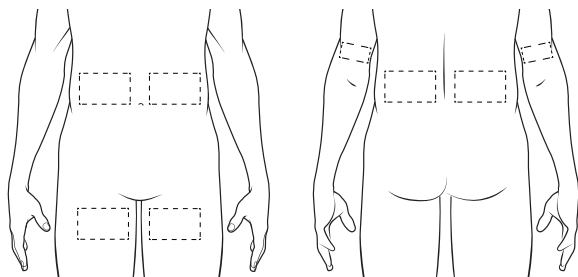


---

# Infusion 15

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 15

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

---

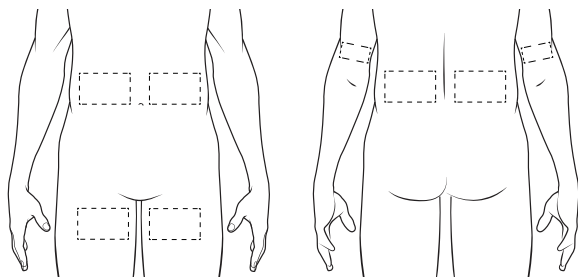


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# Infusion 16

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 16

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

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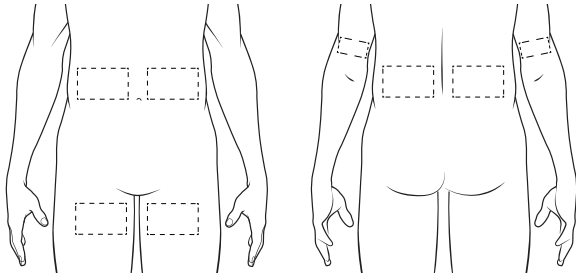


---

# Infusion 17

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 17

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

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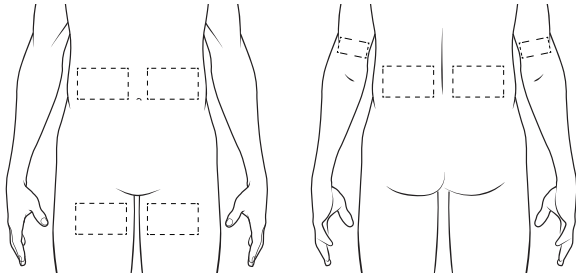


---

# Infusion 18

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# Wellness Tracker for Infusion 18

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

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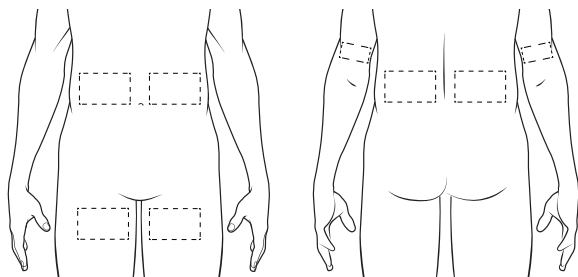


---

# Infusion 19

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 19

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

---

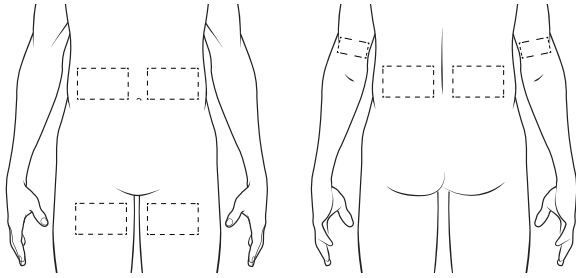


---

# Infusion 20

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 20

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

---

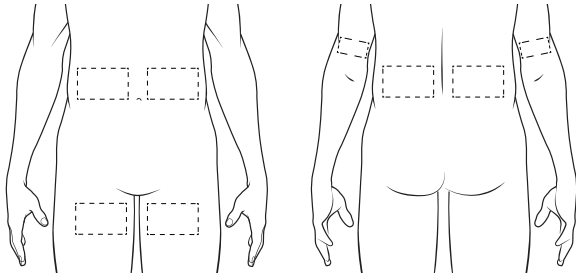


---

# Infusion 21

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 21

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — 😞 😟 😊 😄 😁 +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊
👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊
👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊
👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊
👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊
👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

---

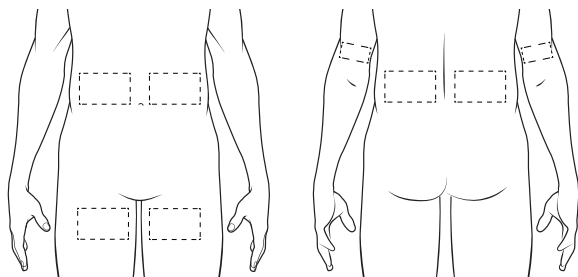


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# Infusion 22

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# Wellness Tracker for Infusion 22

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

---

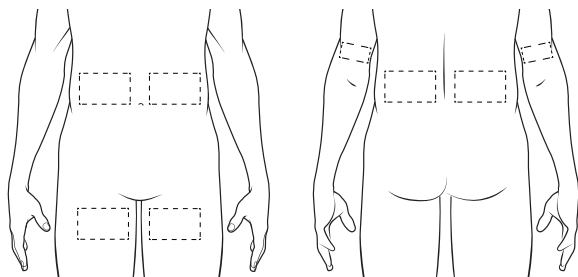


---

# Infusion 23

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 23

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — 😞 😟 😊 😄 😁 +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊
👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊
👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊
👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊
👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊
👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

---

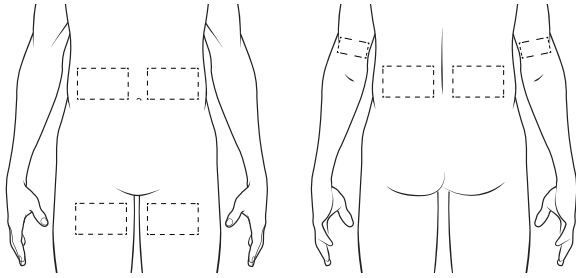


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# Infusion 24

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Wellness Tracker for Infusion 24

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

---

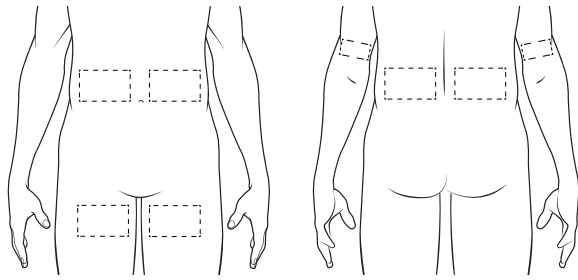


---

# Infusion 25

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 25

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

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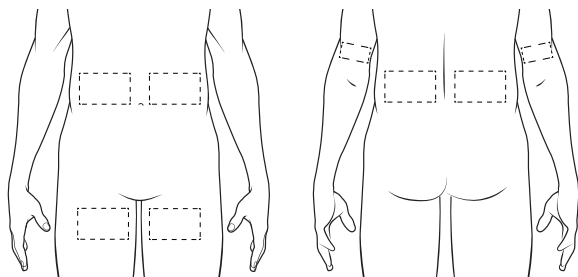


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# Infusion 26

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# Wellness Tracker for Infusion 26

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

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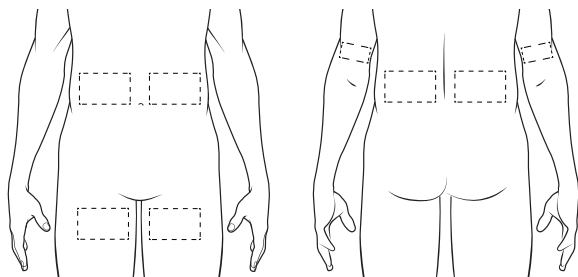


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# Infusion 27

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 27

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

---

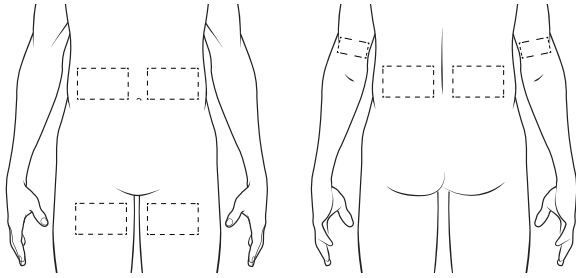


---

# Infusion 28

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 28

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

---

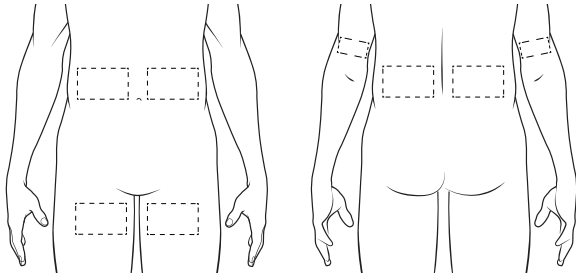


---

# Infusion 29

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 29

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

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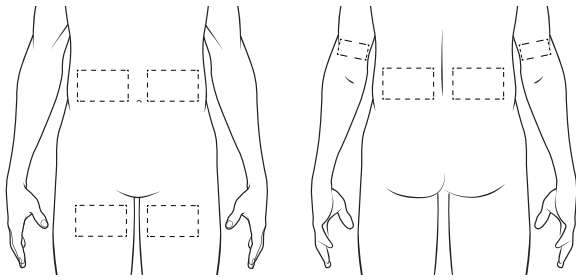


---

# Infusion 30

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# Wellness Tracker for Infusion 30

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

---

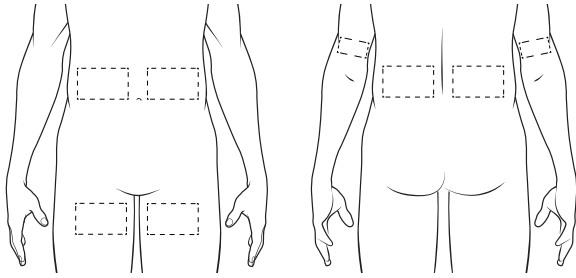


---

# Infusion 31

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 31

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

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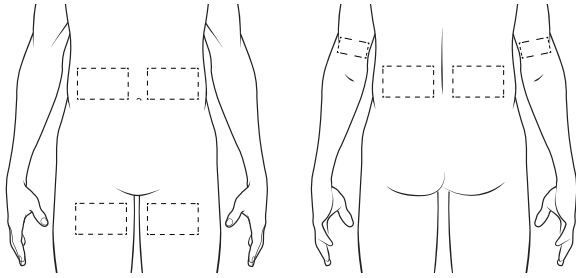


---

# Infusion 32

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 32

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

---

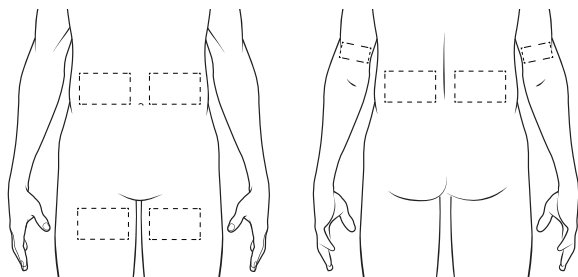


---

# Infusion 33

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 33

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — 😞 😟 😊 😄 😁 +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊
👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊
👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊
👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊
👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊
👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊	👎👎😊😊😊😊

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

---

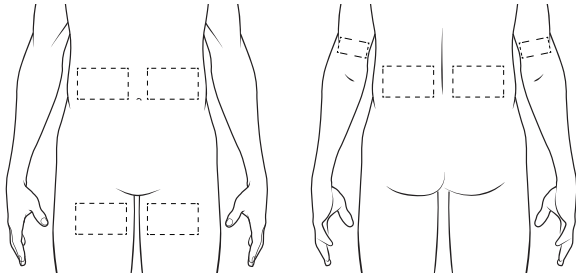


---

# Infusion 34

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# Wellness Tracker for Infusion 34

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

---

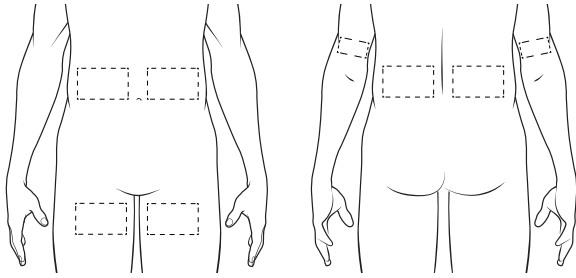


---

# Infusion 35

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 35

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

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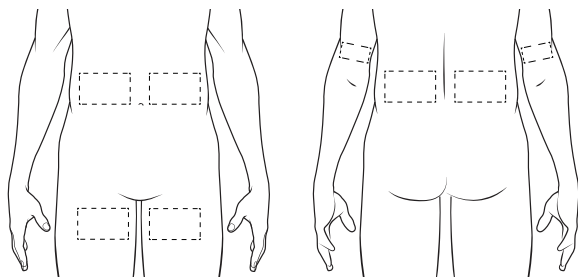


---

# Infusion 36

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 36

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

---

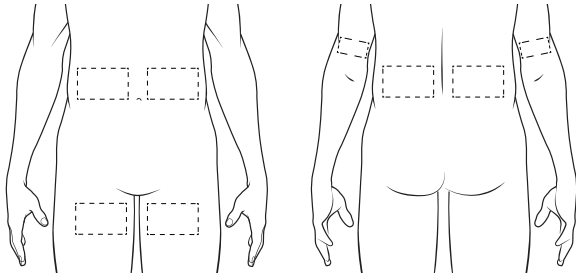


---

# Infusion 37

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_











































Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 37

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: —     +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						
						
						
						
						
						

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

---

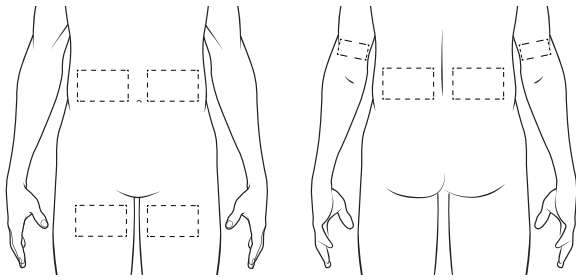


---

# Infusion 38

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):  
\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:  
\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_











































Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# Wellness Tracker for Infusion 38

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: —     +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						
						
						
						
						
						

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

---

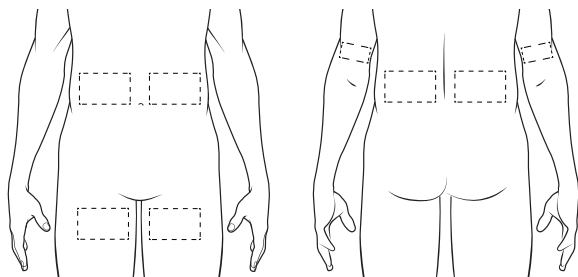


---

# Infusion 39

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 39

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

---

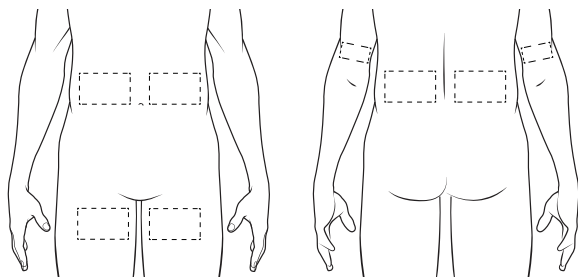


---

# Infusion 40

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 40

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

---

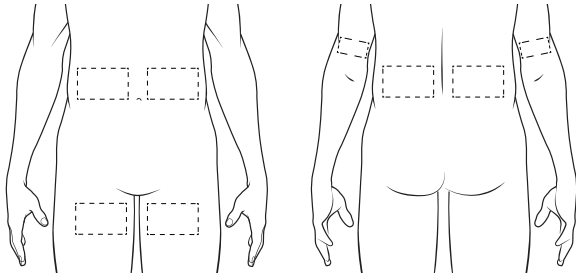


---

# Infusion 41

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 41

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

---

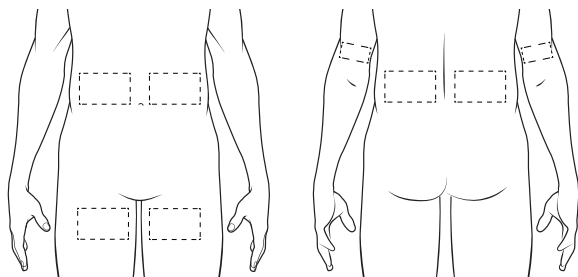


---

# Infusion 42

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# Wellness Tracker for Infusion 42

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

---

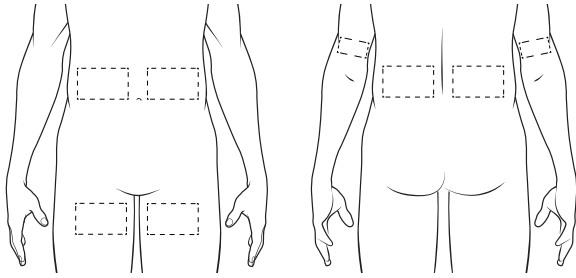


---

# Infusion 43

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 43

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

---

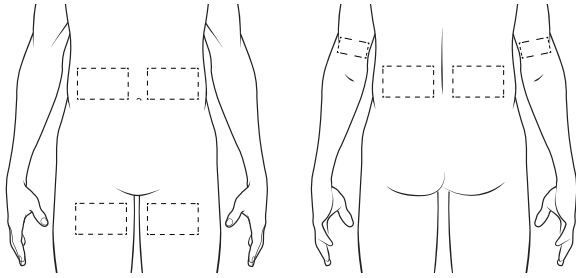


---

# Infusion 44

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 44

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

---

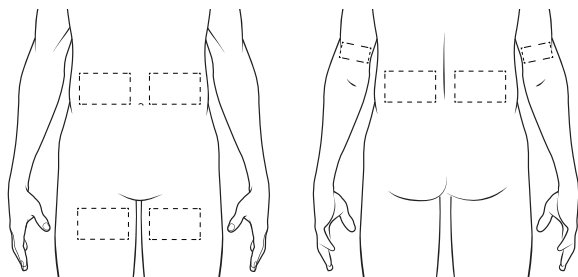


---

# Infusion 45

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 45

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

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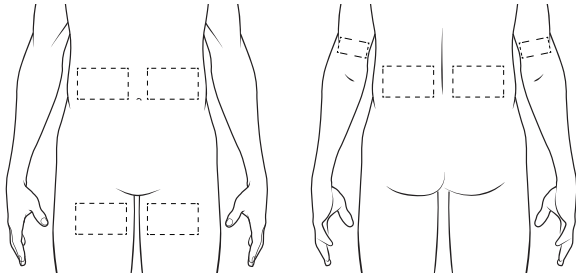


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# Infusion 46

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# Wellness Tracker for Infusion 46

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

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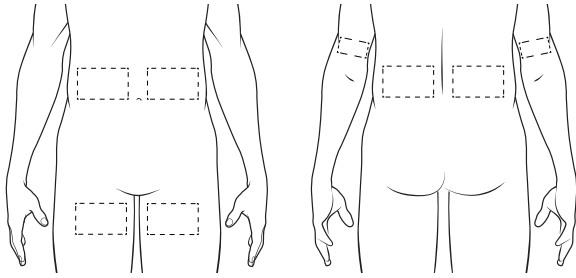


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# Infusion 47

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 47

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

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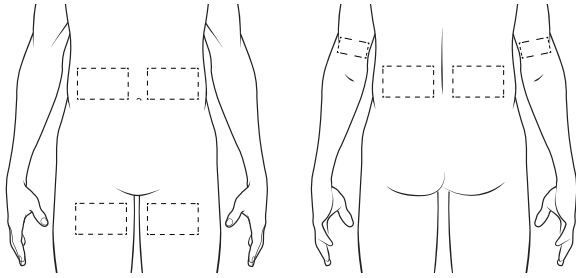


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# Infusion 48

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_











































Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 48

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: —     +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						
						
						
						
						
						

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

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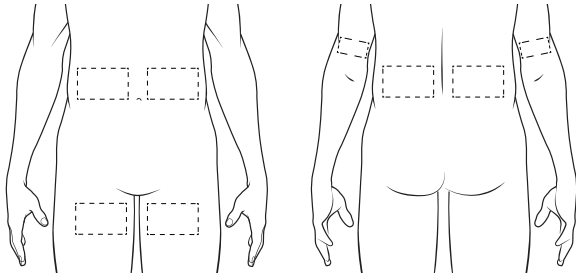


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# Infusion 49

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 49

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

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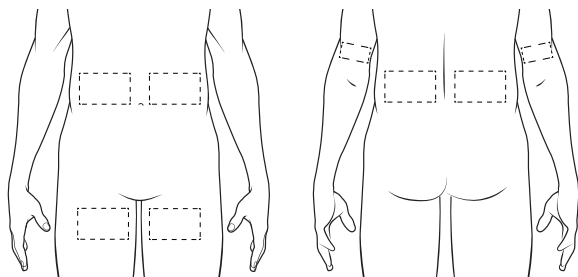


---

# Infusion 50

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# Wellness Tracker for Infusion 50

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

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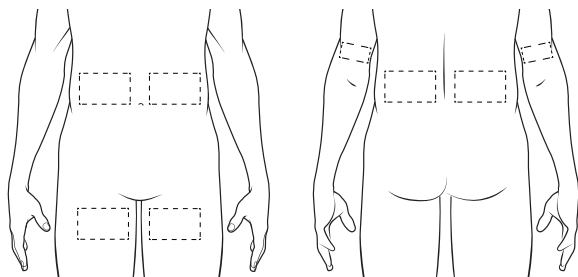


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# Infusion 51

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 51

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: — +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

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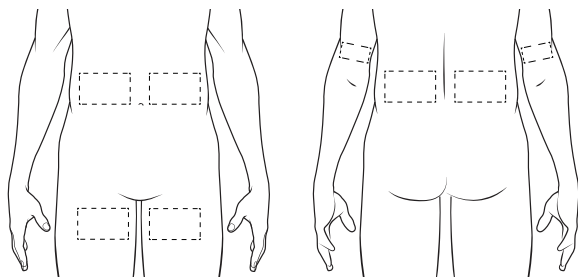


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# Infusion 52

**Date of infusion:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mark an X to show the site(s) of this infusion.



Your weight: \_\_\_\_\_ (lb)

Start time: \_\_\_\_\_ (AM/PM)

Dose: \_\_\_\_\_ (g)

Infusion rate (highest rate tolerated):

\_\_\_\_\_ mL/hr

Stop time: \_\_\_\_\_ (AM/PM)

Duration of infusion:

\_\_\_\_\_ hr \_\_\_\_\_ min

*Rotate your site(s) between future infusions.*

Questions to discuss with your healthcare team:

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**Infusion schedule:** \_\_\_\_\_

Record any changes in the supplies you used for this infusion:

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List medication(s) taken prior to infusion:

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List any reactions during and after your infusion:

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*Contact your healthcare professional immediately if you experience any infusion-related side effects that persist or worsen.*

Remove the peel-off label from each vial (IG only), which has the product lot number, vial size, and expiration date, and affix below. Or write this information from each label in the spaces provided.

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Affix the label here** or write in:

Lot number: \_\_\_\_\_

Vial size: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Wellness Tracker for Infusion 52

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rate your overall wellness: —     +

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						
						
						
						
						
						

Use this space to track important changes in your overall wellness. Include any notable shifts in lifestyle, activity levels, or treatments and medications, along with the date, and talk to your doctor.

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# You've come a long way! Keep this momentum going.

Use the next pages to document any thoughts or questions that you would like to share with your doctor.


## **IMPORTANT SAFETY INFORMATION (continued)**

**What are the possible or reasonably likely side effects of CUVITRU?**

CUVITRU can cause serious side effects. If any of the following problems occur after starting CUVITRU, stop the infusion immediately and contact your HCP or call emergency services:

- Hives, swelling in the mouth or throat, itching, trouble breathing, wheezing, fainting or dizziness. These could be signs of a serious allergic reaction.

*Please scroll for additional Important Safety Information, click for [Information For Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.*

  
**Cuvitru**  
[Immune Globulin Subcutaneous (Human)] 20%



# Communication is one of the most important steps of your treatment.

At this point, you may have noticed what's working for you, what isn't, what's been difficult, or (hopefully) what you've been able to master about the infusion process. Jot down any thoughts or questions you want to remember or bring up to your doctor.

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**Cuvitru**  
[Immune Globulin Subcutaneous (Human)] 20%

## What is CUVITRU?

CUVITRU is a ready-to-use liquid medicine that is given under the skin (subcutaneously) to treat primary immunodeficiency (PI) in people 2 years and older.

## IMPORTANT SAFETY INFORMATION

### What is the most important information I need to know about CUVITRU?

CUVITRU can cause the following serious reactions:

- Severe allergic reactions causing difficulty in breathing or skin rashes
- Decreased kidney function or kidney failure
- Blood clots in the heart, brain, lungs, or elsewhere in the body
- Severe headache, drowsiness, fever, painful eye movements, or nausea and vomiting
- Dark colored urine, swelling, fatigue, or difficulty breathing

### Who should not use CUVITRU?

Do not use CUVITRU if you:

- Have had a severe allergic reaction to immune globulin or other blood products.
- Have a condition called selective (or severe) immunoglobulin A (IgA) deficiency.

### What should I avoid while taking CUVITRU?

- CUVITRU can make vaccines (like measles/mumps/rubella or chickenpox vaccines) not work as well for you. Before you get any vaccines, tell your healthcare provider (HCP) that you take CUVITRU.
- Tell your HCP if you are pregnant, or plan to become pregnant, or if you are nursing.

### What are the possible or reasonably likely side effects of CUVITRU?

**CUVITRU can cause serious side effects. If any of the following problems occur after starting CUVITRU, stop the infusion immediately and contact your HCP or call emergency services:**

- Hives, swelling in the mouth or throat, itching, trouble breathing, wheezing, fainting or dizziness. These could be signs of a serious allergic reaction.
- Bad headache with nausea, vomiting, stiff neck, fever, and sensitivity to light. These could be signs of irritation and swelling of the lining around your brain.

### What are the possible or reasonably likely side effects of CUVITRU? (continued)

- Reduced urination, sudden weight gain, or swelling in your legs. These could be signs of a kidney problem.
- Pain, swelling, warmth, redness, or a lump in your legs or arms. These could be signs of a blood clot.
- Brown or red urine, fast heart rate, yellow skin or eyes. These could be signs of a liver or blood problem.
- Chest pain or trouble breathing, or blue lips or extremities. These could be signs of a serious heart or lung problem.
- Fever over 100°F. This could be sign of an infection.

The following one or more possible side effects may occur at the site of infusion. These generally go away within a few hours, and are less likely after the first few infusions.

- Mild or moderate pain
- Redness
- Itching

The most common side effects that may occur are:

- Headache
- Nausea
- Fatigue
- Diarrhea
- Vomiting

**These are not all the possible side effects. Talk to your HCP about any side effect that bothers you or that does not go away.**

***For additional safety information, click for [Information For Patients](#) and discuss with your HCP.***

**You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch), or call 1-800-FDA-1088.**

  
Cuvitru  
[Immune Globulin Subcutaneous (Human)] 20%

# my ig source

This is a whole community committed to helping each other and loved ones manage a life with PI. With more than 52,000 members, this online community helps you and caregivers find information about PI and connect with IG Community Support Team Advocates—people who live with or love someone with PI.

**Want to connect with an advocate?**

**Call 1-855-250-5111 to talk or visit [MylgSource.com](http://MylgSource.com) to learn more.**



## Help is just a tap or call away.

When prescribed a Takeda treatment—whether it's new to you, you've been on treatment, or you're taking care of someone else—Takeda Patient Support is here to help.

### The Takeda Patient Support Co-Pay Assistance Program may cover

**100%** of your out-of-pocket costs if you're eligible\*

### Not enrolled or need assistance?

You can join Takeda Patient Support in a few simple steps. Visit [TakedaPatientSupport.com/enroll](http://TakedaPatientSupport.com/enroll) or scan this QR code.

Our support specialists are never more than a tap or a call away. Reach us at **1-866-861-1750**, Monday through Friday, 8 AM to 8 PM ET.



- A co-pay assistance program**  
Your dedicated specialist will walk you through the insurance process and help you understand what's covered.
- Help getting your medicine**  
We can help you receive your treatment by getting your medication when you need it.
- Nursing support**  
This can be arranged if you have questions about your treatment. Our nurses cannot provide medical advice.
- Education about your condition**  
We can help you better understand your condition and treatment, and direct you to support resources and education that you can discuss with your healthcare provider.
- Ongoing support**  
We're here for you. We'll share emails and texts with tips and timely info throughout your treatment.

**\*IMPORTANT NOTICE:** The Takeda Patient Support Co-Pay Assistance Program (the Program) is not valid for prescriptions eligible to be reimbursed, in whole or in part, by Medicaid, Medicare (including Medicare Part D), Tricare, Medigap, VA, DoD, or other federal or state programs (including any medical or state prescription drug assistance programs). No claim for reimbursement of the out-of-pocket expense amount covered by the Program shall be submitted to any third party payer, whether public or private. The Program cannot be combined with any other rebate/coupon, free trial, or similar offer. Copayment assistance under the Program is not transferable. The Program only applies in the United States, including Puerto Rico and other U.S. territories, and does not apply where prohibited by law, taxed, or restricted. This does not constitute health insurance. Void where use is prohibited by your insurance provider. If your insurance situation changes you must notify the Program immediately at [1-866-861-1750]. Coverage of certain administration charges will not apply for patients residing in states where it is prohibited by law. Takeda reserves the right to rescind, revoke, or amend the Program at any time without notice.

  
**Cuvitru**  
[Immune Globulin Subcutaneous (Human)] 20%

**While your doctor is your best resource, you can always visit [CUVITRU.com](https://www.cuvitru.com) for helpful info.**

**Our emails are packed full of good stuff too.**

When you sign up for CUVITRU emails, we'll share helpful, insightful content about CUVITRU, resources, and so much more. (No spam-y emails, only stuff we know patients are interested in.)

**[Click to sign up.](#)**

## **IMPORTANT SAFETY INFORMATION (continued)**

### **Who should not use CUVITRU?**

Do not use CUVITRU if you:

- Have had a severe allergic reaction to immune globulin or other blood products.
- Have a condition called selective (or severe) immunoglobulin A (IgA) deficiency.

***Please scroll for additional Important Safety Information, click for [Information For Patients](#), including [Warning about Blood Clots](#), and discuss with your HCP.***

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