Product:	Protocol:
Country Language:	

Patient Number:

Date	**Time** (12-hour clock)	**Amount Infused (Total IU)**	**Type of Treatment?**	(Complete this section when administering an "On-Demand" treatment or "No Treatment") **Bleeding episode**	**Bleeding Type**
__/____/___ YYYY MM DD	: ☐AM ☐PM		☐On-Demand ☐Prophylaxis ☐Preventive ☐No treatment	Start of bleeding episode Date: _____ Time: _____	☐ Spontaneous ☐ Traumatic
__/____/___ YYYY MM DD	: ☐AM ☐PM		☐On-Demand ☐Prophylaxis ☐Preventive ☐No treatment	Start of bleeding episode Date: _____ Time: _____	☐ Spontaneous ☐ Traumatic
___/____/___ YYYY MM DD	: ☐AM ☐PM		☐On-Demand ☐Prophylaxis ☐Preventive ☐No treatment	Start of bleeding episode Date: _____ Time: _____	☐ Spontaneous ☐ Traumatic
__/____/___ YYYY MM DD	: ☐AM ☐PM		☐On-Demand ☐Prophylaxis ☐Preventive ☐No treatment	Start of bleeding episode Date: _____ Time: _____	☐ Spontaneous ☐ Traumatic
__/____/___ YYYY MM DD	: ☐AM ☐PM		☐On-Demand ☐Prophylaxis ☐Preventive ☐No treatment	Start of bleeding episode Date: _____ Time: _____	☐ Spontaneous ☐ Traumatic

Reviewer Initials: _____
Reviewed: ____/_____/_____
YYYY MM DD

Product:	Protocol:
Country Language:	

Patient Number:

Instructions for Completion

Date: Record the date of your bleeding (use the YYYY/MM/DD format: for example, 2009/03/30 for March 30, 2009)

Time: Record the approximate time of your bleeding

Total Amount Infused: Record how many total units (IUs) of BeneFIX® you have taken (if multiple vials are used, record the total number of units infused from all vials used)

Type of treatments:

On-Demand: Treatment of bleeding episodes, as needed, by administering an unscheduled infusion of BeneFIX® to stop bleeding

Prophylaxis: Treatment administered at a routine interval (such as every other day) for a prolonged period of time, to prevent occurrence of bleeding episodes

Preventive: Treatment administered before an event that could increase the risk of bleeding (such as treatment administered before surgery or exercise)

No Treatment: Bleeding episodes without any drugs to stop bleeding. If so, amount infused is not required.

Note: Selection of Treatment Type is specific to the infusion administered, not your current treatment regimen. For example, if you are currently on a prophylaxis treatment regimen and infuse to treat a bleeding episode the treatment type should be listed as 'On-Demand' and not prophylaxis.

Bleeding episode: If you are taking your BeneFIX® as initial or as follow-up treatment to a bleeding episode, provide the date and time the bleeding episode began. If you are taking your BeneFIX® to treat a bleeding episode that has not yet stopped (i.e., as follow-up treatment), enter

the same date and time you listed for the start of the previously treated bleeding episode.

Type of Bleeding:

Spontaneous Bleeding: Bleeding for no apparent/known reason

Traumatic Bleeding: Bleeding for trauma

Signature:_____

Date:_____

YYYY MM DD