

# cutaquig<sup>®</sup>

Human Normal Immunoglobulin (SCIg)  
165 mg/mL solution for infusion

My  
treatment  
diary

octapharma



# Patient treatment diary

This cutaquig<sup>®</sup> therapy diary belongs to:

Name:	Name of treatment doctor:
Phone:	Phone number of treatment doctor:
Hospital/clinic:	

This cutaquig<sup>®</sup> treatment diary has been designed especially to help you record details of your treatment now that you have been prescribed it.

A healthcare professional will have already given you training on how to administer cutaquig<sup>®</sup> and they will have also checked that you are able to do so before you are given it to take home. But if you have any further concerns or questions please call your healthcare professional for more information.

In this diary you should record your treatments, how you feel before, during and after each treatment and any other medications you have taken. All side effects should be recorded and reported to your doctor, whether or not you think they might be related to your treatment. The information you record in this diary will help you and your doctor to keep track of and better understand your ongoing health and treatment. Take this diary with you to all your visits to your doctor so that any changes to your treatment can be accurately recorded. Some blank pages for notes/comments have also been included at the back of your diary so that you can record any additional information or write down questions to ask your doctor at your next visit.

On page 6 of this diary you can find an example of how to enter information into the diary, such as the batch number, volume infused, infusion sites used and potential side effects.

## Healthcare professional contact details:

Doctor/specialist's name:	Doctor/specialist's name:
Hospital/clinic:	Hospital/clinic:
Phone:	Phone:
Email:	Email:
Nurse consultant name:	Nurse consultant name:
Hospital/clinic:	Hospital/clinic:
Phone:	Phone:
Email:	Email:
General practitioner name:	
Clinic:	
Phone:	Email:

## Other important phone numbers:

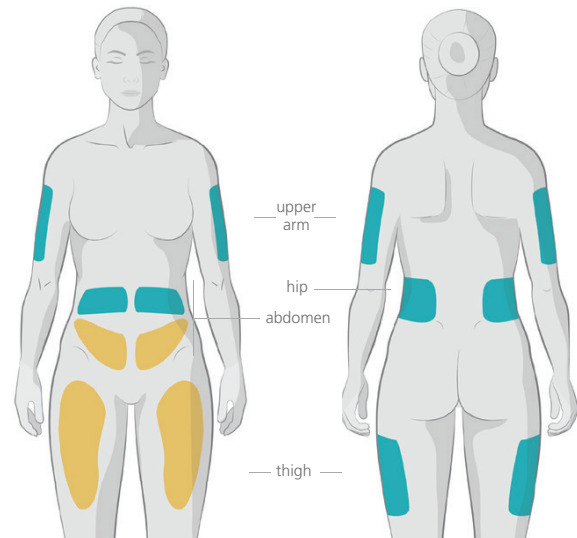
Name and contact number for issues/questions related to your medicine and/or supplies:	Name and contact number for pump issues/questions:
Name:	Name:
Phone:	Phone:
Email:	Email:

# Patient treatment diary

## Your infusion information

Please note that the dose and infusion rate of cutaquig® as advised below has been worked out specifically for you by your doctor. Please follow this advice and do not change infusion rates or dosing prior to consulting with your doctor.

Total dose of cutaquig® per infusion:	(gram) or	(mL)
Infusion rate (mL/hr):		
Number of injection sites to be used at each infusion:		
Volume to be infused per site (mL):		
Infusion site(s): refer to the diagram for sites to be used:		
Number of infusions per week:		
Date:		
Signature of doctor:		

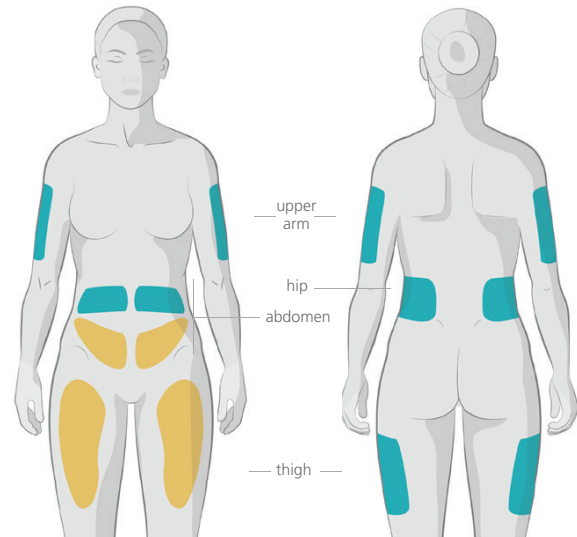


**Yellow:** Preferred infusion sites | **Green:** Alternative infusion sites

Infusion site(s): (circle appropriate site(s) to be used)

## Changes to your infusion information

Date changed:		
Total dose of cutaquist® per infusion:	(gram) or	(mL)
Infusion rate (mL/hr):		
Number of injection sites to be used at each infusion:		
Volume to be infused per site (mL):		
Infusion site(s): refer to the diagram for sites to be used:		
Number of infusions per week:		
Date:		
Signature of doctor:		



**Yellow:** Preferred infusion sites | **Green:** Alternative infusion sites


Infusion site(s): (circle appropriate site(s) to be used)

## Monthly collection record

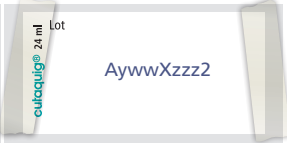

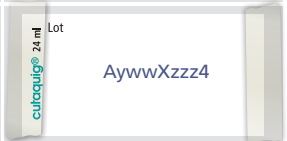
Month May Year 2024

Name of medication	Date product collected from the hospital	Vials collected		Number of unused/wasted vials	Reason for unused/wasted vials
		Number of vials	Vial size and volume (i.e. 1g, 2g, 4g or 8g)		
cutaquig	17 February 2024	8	4 vials of 8g (48mL) and 4 vial of 2g (12mL)	1 wasted vial of 2g	Accidentally dropped and broke vial

## Monthly infusion record

Infusion date	Batch number	Number of infusion sites	Infusion site(s) (see diagram page 4)	Quantity infused (gram, mL)	Total infusion time (hrs, min)	Symptoms experienced before infusion	Symptoms experienced during/after infusion	Medication taken for symptoms	Other comments
1		2	Abdomen	10g (60mL)	1hr (30 mL per site)	Runny nose	None	—	—

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8	 Lot cutaquiq® 24 ml AywwXzzz2	1	Thigh	10g (60mL)	1hr 10mins	Runny nose	None	—	—
15	 Lot cutaquiq® 24 ml AywwXzzz3	2	Abdomen	10g (60mL)	1hr (30 mL per site)		Pain and redness	Paracetamol	
22	 Lot cutaquiq® 24 ml AywwXzzz4	2	Upper arms	10g (60mL)	1hr (30 mL per site)				

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For further information about your treatment or medical condition, please contact your healthcare professional

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