



Your treatment diary

Use this diary to write down office visits, blood counts, other medications, and questions for your doctor and healthcare team. It will be useful to take this diary with you the next time you visit your doctor so that you can discuss your treatment and how it's affecting you.

Patient's name: _____

Doctor's name and phone number: _____

Nurse's name and phone number: _____

It is important to tell your doctor or nurse immediately about any new signs and symptoms that develop during your treatment with TREANDA. It is also important to discuss any new side effects you are experiencing during your treatment with TREANDA.

 **TREANDA**[®]
(bendamustine HCl)
for Injection

Built for Action[™]

www.TREANDA.com

Infusion record

You can use this diary to write down when you go for your TREANDA infusions. Please remember to bring it with you each time you receive treatment. You should also write down future appointments.

Cycle #	Date of TREANDA infusion	Other notes (questions or concerns you have about treatment)
Cycle 1		
Cycle 2		
Cycle 3		
Cycle 4		
Cycle 5		
Cycle 6		

A cycle of treatment with TREANDA is 28 days. TREANDA is given on Days 1 and 2 of each 28-day cycle for up to 6 cycles.

Blood count tracking

Use this section of your diary to keep a record of your blood counts during your treatment. This will help you and your healthcare team understand how your treatment is affecting you and your cancer.

Appointment	Date	WBC	Hb	Platelet	ANC	ALC
Cycle 1						
Cycle 2						
Cycle 3						
Cycle 4						
Cycle 5						
Cycle 6						

WBC=white blood cells; Hb=hemoglobin; ANC=absolute neutrophil count; ALC=absolute lymphocyte count.



Other treatments or conditions

It is important for you to keep track of any other medications you are taking and/or any other conditions you have. It will be helpful for you to keep all of your information in one place so that it is handy for you during your doctor visits.

Other conditions	Other medications	Notes

ADDITIONAL NOTES

Use this section for any additional information you want to remember. For example, you may find it useful to write questions that you would like to discuss with your doctor or healthcare team at your next visit.

For additional information about TREANDA, please call 1-888-5-TREANDA (1-888-587-3263) or visit www.TREANDA.com.

Please see accompanying full Prescribing Information.

