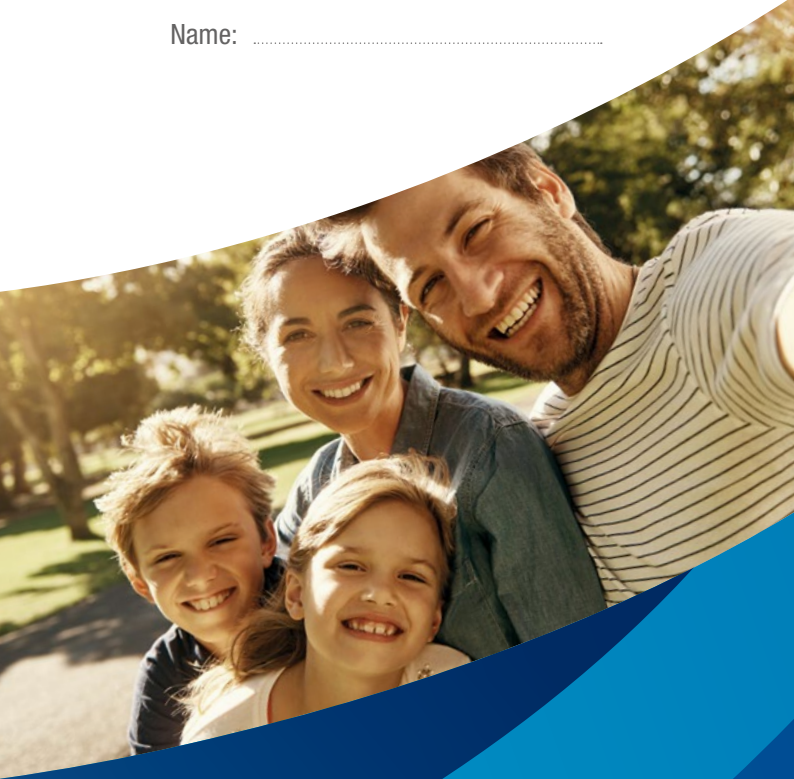


DIARY FOR PATIENTS WITH HEREDITARY ANGIOEDEMA (HAE)

Name:





DO YOU NEED A NEW DIARY?

Please ask your treating physician for a new diary.

If you want to know more about HAE, please contact:

HAEi at www.haei.org or email: info@haei.org

HAEi is the international umbrella organization for the world's Hereditary Angioedema (HAE) patient groups.

PATIENT DETAILS

Name:

Address:

Postal code: City:

Country:

Telephone:

Email:

WHO TO CONTACT IN CASE OF EMERGENCY

Name:

Telephone:

Email:

NAME AND CONTACT DETAILS OF TREATING PHYSICIAN & NURSE

Name physician:

Hospital:

Address:

Postal code: City:

Telephone:

Email:

24/7 emergency number physician:

Name nurse:

NAME AND CONTACT DETAILS OF CAREGIVER

Name:

Telephone:

Email:



Dear patient,

This patient diary was designed for patients with hereditary angioedema (HAE) to document each treatment related to HAE.

Every attack could be different in frequency and severity and it can also vary according to the duration and location of the swelling. Please use this diary to document all the available information in detail. All information you collect will help you and your doctor to manage your disease as effectively as possible.

Please ensure that you also fill in the batch number of the vial(s) you have used for the management of HAE. Please contact your treating physician in case you have any questions.

The following page contains an illustrated instruction on how to fill in your personal diary.

Warm regards,

The team of Pharming Group N.V.

HAE attack	Date: 2 Jan 2017
Beginning of attack	5.45
Location(s) of swelling	left foot
Severity mild / moderate / severe	moderate
Treatment(s) - dose - lot / batch number	Ruconest 2 x 2100 units ML010-01
Time of treatment	6.30
Resolution of attack	7.30
Possible triggering factor(s)	stress, infection
Any adverse events* or breakthrough attacks	none

* Please note any special events on the calendar as well, e.g. operation, dental procedures, pregnancy, etc.

Date: 12 Feb 2017	Date:
14.30	
right upper arm	
mild	
Ruconest 2 x 2100 units ML010-03	
15.00	
15.45	
stress	
headache	

HAE attack	Date:
Beginning of attack	
Location(s) of swelling	
Severity mild / moderate / severe	
Treatment(s) - dose - lot / batch number	
Time of treatment	
Resolution of attack	
Possible triggering factor(s)	
Any adverse events* or breakthrough attacks	

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HAE attack	Date:
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Location(s) of swelling	
Severity mild / moderate / severe	
Treatment(s) - dose - lot / batch number	
Time of treatment	
Resolution of attack	
Possible triggering factor(s)	
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HAE attack	Date:
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Location(s) of swelling	
Severity mild / moderate / severe	
Treatment(s) - dose - lot / batch number	
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