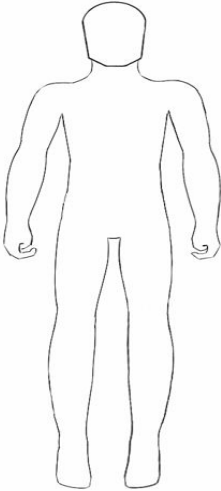




TAK-226-3001
RETACRIT (ESA) Self-Administration Diary Card V2



* Participant to write information in the blank boxes below.

Site Coordinator Date & Time Drug to Participant:	
Participant Date & Time Drug into Fridge:	
Next Dose:	Cycle _____ Day _____
Planned Dose Date: (Dose allowed on one of these days)	_____ _____ _____
Planned Total Dose Amount:	_____ mL
Number of Vials Required for Total Dose:	
Date & Time Drug Removed from Fridge:	
Injection Date:	
Injection Time: (AM/PM or 2400 hr)	
Total Amount Injected:	_____ mL
 Number of Injection Sites: Record locations on figure image	_____
If dose was on a different day than planned or a different amount than planned, please provide reason:	
Name of who prepared and administered the dose:	

Reminder to keep unused RETACRIT vials in the refrigerator protected from light. Please remember to return the vials/prefilled syringes and this Diary Card at your next clinic visit.