# CoaguChek® XS System

**Prothrombin Time Self-Testing Log Book** 



| From:                          |   |  |
|--------------------------------|---|--|
|                                | Month/Day/Year  |  |
| To:                            |   |  |
|                                | Month/Day/Year  |  |
| Belongs to:                    |   |  |
| Name                           |   |  |
| Address                        |   |  |
| City                           |   |  |
| State                          | Zip   |  |
| Telephone Nu                   | ımber   |  |
|                                |   |  |
|                                | coagulant therapy.  |  |
|                                |   |  |
| For medical                    | coagulant therapy.  |  |
| For medical                    | coagulant therapy.<br>assistance, please contact:                                   |  |
| Name of Doc                    | coagulant therapy.<br>assistance, please contact:<br>tor or Healthcare Professional |  |
| Name of Doc Address            | coagulant therapy.<br>assistance, please contact:<br>tor or Healthcare Professional |  |
| Name of Doc Address            | coagulant therapy.<br>assistance, please contact:<br>tor or Healthcare Professional |  |
| Name of Doc Address City State | coagulant therapy. assistance, please contact: tor or Healthcare Professional       |  |

#### **Importance of Prothrombin Time Testing**

Keeping track of your prothrombin time results is important to help you make sure that the anticoagulant in your blood is maintained at the appropriate level, often called the "therapeutic range" or "target range." Use this diary to record your test results, and to record the follow-up action with your doctor.

Remember to write down your results and take this diary with you to the doctor. Accurate records help your doctor make the best decisions about your treatment plan.

#### **Starting to Test Your Prothrombin Time Level**

You should return to your doctor for two follow-up visits to demonstrate adequacy of training before your doctor begins to rely on the CoaguChek XS System result for treatment decisions. Ask your doctor or healthcare professional how often you should test and at what time of day, what your target range should be, and what your Immediate Follow-up Values should be.

| I must test:       | times a week  | time of day |
|--------------------|---------------|-------------|
| My target range is | : to _        | INR         |
|                    | to _          | sec         |
| My Immediate Foll  | ow-up Values: |             |
| Ahove              | Relow         |             |

| my test result is outside the target range and I have erformed my test correctly, I will repeat my blood test with new test strip and fingerstick. If my result is still outside by target range, I will: (to be filled in by doctor) |
|---|
|   |
|   |
|   |
|   |
| my test result is above: or below: or below:, or my result is inside my target range, ut I notice unusual swelling, bleeding, or other abnormal ymptoms, I will contact my doctor immediately. I will: (to be led in by doctor)       |
|   |
|   |
|   |
|   |
|   |

#### **Using your Log Book**

- 1. Write the date you performed your test in the column marked "Date."
- 2. Write the time of day you performed your test in the column marked "Time."
- 3. Write the lot number and expiration date of the test strips you are using in the column marked "Test Strip Lot No./Exp. Date."
- 4. Record your result and units (INR or seconds) in the column marked "Patient Test Result."
- 5. Record any unusual symptoms you may have had at the time you took your test in the column marked "Unusual Symptoms."
- 6. Record any maintenance performed on the CoaguChek XS Meter in the column marked "Maintenance" (such as "changed batteries").
- 7. Record whether any additional training or performance checks have occurred in the column marked "Additional Training."
- 8. The "Follow-up/ Comments" section provides space to write any additional information (such as "called doctor with result").

Remember to record the new lot number and expiration date whenever you open a new container of test strips.

My CoaguChek XS Meter Serial Number is: \_\_\_\_\_ My test results are recorded in (circle one): INR Sec.

| Date | Time | Test Strip Lot<br>No./Exp. Date | Patient Test<br>Result | Unusual<br>Symptoms | Maintenance | Additional<br>Training | Follow-up/<br>Comments |
|------|------|---------------------------------|------------------------|---------------------|-------------|------------------------|------------------------|
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |

My CoaguChek XS Meter Serial Number is: \_\_\_\_\_ My test results are recorded in (circle one): INR Se

| Date | Time | Test Strip Lot<br>No./Exp. Date | Patient Test<br>Result | Unusual<br>Symptoms | Maintenance | Additional<br>Training | Follow-up/<br>Comments |
|------|------|---------------------------------|------------------------|---------------------|-------------|------------------------|------------------------|
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |

My CoaguChek XS Meter Serial Number is: \_\_\_\_\_ My test results are recorded in (circle one): INR Sec.

| Date | Time | Test Strip Lot<br>No./Exp. Date | Patient Test<br>Result | Unusual<br>Symptoms | Maintenance | Additional<br>Training | Follow-up/<br>Comments |
|------|------|---------------------------------|------------------------|---------------------|-------------|------------------------|------------------------|
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |

My CoaguChek XS Meter Serial Number is: \_\_\_\_\_ My test results are recorded in (circle one): INR Serial Number is: \_\_\_\_\_

| Date | Time | Test Strip Lot<br>No./Exp. Date | Patient Test<br>Result | Unusual<br>Symptoms | Maintenance | Additional<br>Training | Follow-up/<br>Comments |
|------|------|---------------------------------|------------------------|---------------------|-------------|------------------------|------------------------|
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |

My CoaguChek XS Meter Serial Number is: \_\_\_\_\_ My test results are recorded in (circle one): INR Sec.

| Date | Time | Test Strip Lot<br>No./Exp. Date | Patient Test<br>Result | Unusual<br>Symptoms | Maintenance | Additional<br>Training | Follow-up/<br>Comments |
|------|------|---------------------------------|------------------------|---------------------|-------------|------------------------|------------------------|
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |

My CoaguChek XS Meter Serial Number is: \_\_\_\_\_ My test results are recorded in (circle one): INR Serial Number is: \_\_\_\_\_

| Date | Time | Test Strip Lot<br>No./Exp. Date | Patient Test<br>Result | Unusual<br>Symptoms | Maintenance | Additional<br>Training | Follow-up/<br>Comments |
|------|------|---------------------------------|------------------------|---------------------|-------------|------------------------|------------------------|
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |

My CoaguChek XS Meter Serial Number is: \_\_\_\_\_ My test results are recorded in (circle one): INR Se

| Date | Time | Test Strip Lot<br>No./Exp. Date | Patient Test<br>Result | Unusual<br>Symptoms | Maintenance | Additional<br>Training | Follow-up/<br>Comments |
|------|------|---------------------------------|------------------------|---------------------|-------------|------------------------|------------------------|
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |

My CoaguChek XS Meter Serial Number is: \_\_\_\_\_ My test results are recorded in (circle one): INR Sec.

| Date | Time | Test Strip Lot<br>No./Exp. Date | Patient Test<br>Result | Unusual<br>Symptoms | Maintenance | Additional<br>Training | Follow-up/<br>Comments |
|------|------|---------------------------------|------------------------|---------------------|-------------|------------------------|------------------------|
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |

My CoaguChek XS Meter Serial Number is: \_\_\_\_\_ My test results are recorded in (circle one): INR Sec

| Date | Time | Test Strip Lot<br>No./Exp. Date | Patient Test<br>Result | Unusual<br>Symptoms | Maintenance | Additional<br>Training | Follow-up/<br>Comments |
|------|------|---------------------------------|------------------------|---------------------|-------------|------------------------|------------------------|
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |

My CoaguChek XS Meter Serial Number is: \_\_\_\_\_ My test results are recorded in (circle one): INR Sec

| Date | Time | Test Strip Lot<br>No./Exp. Date | Patient Test<br>Result | Unusual<br>Symptoms | Maintenance | Additional<br>Training | Follow-up/<br>Comments |
|------|------|---------------------------------|------------------------|---------------------|-------------|------------------------|------------------------|
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |

My CoaguChek XS Meter Serial Number is: \_\_\_\_\_ My test results are recorded in (circle one): INR Serial Number is: \_\_\_\_\_

| Date | Time | Test Strip Lot<br>No./Exp. Date | Patient Test<br>Result | Unusual<br>Symptoms | Maintenance | Additional<br>Training | Follow-up/<br>Comments |
|------|------|---------------------------------|------------------------|---------------------|-------------|------------------------|------------------------|
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |

My CoaguChek XS Meter Serial Number is: \_\_\_\_\_ My test results are recorded in (circle one): INR Serial Number is: \_\_\_\_\_

| Date | Time | Test Strip Lot<br>No./Exp. Date | Patient Test<br>Result | Unusual<br>Symptoms | Maintenance | Additional<br>Training | Follow-up/<br>Comments |
|------|------|---------------------------------|------------------------|---------------------|-------------|------------------------|------------------------|
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |
|      |      |                                 |                        |                     |             |                        |                        |

| Notes |      |      |      |  |
|-------|------|------|------|--|
|       |      |      |      |  |
|       |      | <br> |      |  |
|       |      |      |      |  |
|       |      |      |      |  |
|       |      |      |      |  |
|       |      |      |      |  |
|       |      |      |      |  |
|       |      |      |      |  |
|       |      |      |      |  |
|       |      |      |      |  |
|       | <br> | <br> | <br> |  |
|       | <br> | <br> | <br> |  |
|       |      |      |      |  |
|       |      |      |      |  |
|       | <br> | <br> | <br> |  |
|       |      | <br> |      |  |
|       | <br> | <br> | <br> |  |
|       | <br> | <br> | <br> |  |

If you have questions about using the CoaguChek XS Meter or require service, call Roche Diagnostics Technical Service Center at 1-800-428-4674, 24 hours a day, 7 days a week, 365 days a year.

COAGUCHEK is a trademark of Roche. ©2007 Roche Diagnostics. All rights reserved. 04999061001-0207



Roche Diagnostics 9115 Hague Road Indianapolis, IN 46256

www.coaguchek.com