

PlaNeT-2 - Form 4

Trial Number

Neonate Initials

If multiple births; birth order of

RANDOMISATION

Most recent platelet count x10⁹/L

Platelet sample date and time

Date	Time (24 hour clock)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
D D M M Y Y Y Y	H H M M

Has the patient eligibility form (Form 2) been completed? **YES** **NO**

Is the neonate confirmed as eligible?

Neonatal weight at randomisation grams

To randomise neonate, please visit www.sealedenvelope.com
 Ensure you have details of Gestational Age at birth (weeks and days) and presence or absence of IUGR at randomisation

Date and time of successful randomisation

Date	Time (24 hour clock)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
D D M M Y Y Y Y	H H M M

Which arm is the neonate randomised to? **A < 25** **B < 50**

Transfuse at platelet count < 25

Transfuse at platelet count < 50

Trial Number

- Fill in the trial number at the top left of the page and backfill for pre-randomisation form, eligibility for randomisation checklist and current medical conditions (Forms 1, 2 and 3)
- Ensure parents and medical staff are aware of treatment allocation
- Place PlaNeT-2 trial label on cot and in medical notes