

# PlaNeT-2 - Form 2

Log Number  (All patients) Neonate Initials

Trial Number  (Provided on randomisation) If multiple births; birth order  of

## ELIGIBILITY FOR RANDOMISATION CHECKLIST

Only complete this form if platelet count is  $<50 \times 10^9/L$

### INCLUSION CRITERIA (refer to guidance notes)

	NO	YES
(1) Is there written informed consent from parent / guardian?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Has the neonate been admitted to a participating NICU?	<input type="checkbox"/>	<input type="checkbox"/>
(3) Was the neonate $<34$ weeks gestational age at birth?	<input type="checkbox"/>	<input type="checkbox"/>
(4) Has the neonate severe thrombocytopenia defined as platelet count $<50 \times 10^9/L$ ?	<input type="checkbox"/>	<input type="checkbox"/>
(5) Has a cranial ultrasound been undertaken within 6 hours before randomisation?	<input type="checkbox"/>	<input type="checkbox"/>

If **ANY NO** box is ticked then the patient is presently **NOT ELIGIBLE** for this trial

### EXCLUSION CRITERIA (refer to guidance notes)

	NO	YES
(1) Does the neonate have major / life-threatening congenital malformation?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Has the neonate had a recent major haemorrhage within the last 72 hours? (For definition of major hemorrhage, see guidance notes)	<input type="checkbox"/>	<input type="checkbox"/>
(3) Has the neonate had a significant fetal intracranial haemorrhage as identified on any antenatal ultrasound scan (excluding subependymal haemorrhage)?	<input type="checkbox"/>	<input type="checkbox"/>
(4) Does the neonate have suspected allo-immune thrombocytopenia or is there a family history of allo-immune thrombocytopenia or maternal idiopathic thrombocytopenia purpura?	<input type="checkbox"/>	<input type="checkbox"/>
(5) In the opinion of the attending neonatologist, is the neonate unlikely to survive more than a few hours after time of proposed randomisation?	<input type="checkbox"/>	<input type="checkbox"/>
(6) Has the neonate NOT received parenteral vitamin K after birth?	<input type="checkbox"/>	<input type="checkbox"/>

If **ANY YES** box is ticked then the patient is presently **NOT ELIGIBLE** for this trial

Designated Assessor Name (Print)

Designated Assessor Signature

Date



<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