

# PlaNeT-2 - Form 1b

Log Number  (All patients) Neonate Initials

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

**PRE-RANDOMISATION (cont'd)**  
Please complete this form prior to randomisation

**NEONATE DETAILS**

**Date and time of birth**

Date  2 0   
D D M M Y Y Y Y

Time (24 hour clock)   
H H M M

**Gender** Boy  Girl  Indeterminate

**Weight at birth**  grams

**Head circumference**  .  cms

**Ethnic Origin** (Please tick one box only)

- White
- Mixed / Multiple Ethnic Groups
- Asian / Asian British
- Black / African / Caribbean / Black British
- Other Ethnic group
- Not Stated

**Informed consent obtained?** YES  NO

**Date and time informed consent obtained**

Date  2 0   
D D M M Y Y Y Y

Time (24 hour clock)   
H H M M