

PlaNeT-2 - Form 5c

Trial Number

Neonate Initials

If multiple births; birth order of

CRANIAL ULTRASOUND SCAN RESULTS
Use this form to record scan results not already captured in the CRF

Date and time of scan

Date **2 0**
D D M M Y Y Y Y

Time (24 hour clock)
H H M M

RESULTS
Haemorrhage

LEFT		RIGHT
<input type="text"/>	H0	<input type="text"/>
<input type="text"/>	H1	<input type="text"/>
<input type="text"/>	H2	<input type="text"/>
<input type="text"/>	H3	<input type="text"/>

Ventricular size
V1 is dilatation > 12 mm

LEFT		RIGHT
<input type="text"/>	V0	<input type="text"/>
<input type="text"/>	V1	<input type="text"/>

Parenchymal injury

LEFT		RIGHT		LEFT		RIGHT
<input type="text"/>	P0	<input type="text"/>		<input type="text"/>	PC	<input type="text"/>
<input type="text"/>	P1	<input type="text"/>		<input type="text"/>	PVL	<input type="text"/>
<input type="text"/>	P2	<input type="text"/>				
<input type="text"/>	P3	<input type="text"/>				