

PlaNeT-2 - Form 3b

Trial Number

Neonate Initials

If multiple births; birth order of

CURRENT MEDICAL CONDITIONS & PREVIOUS MAJOR BLEEDS (cont'd)

Any previous major bleeds cont'd:

Any other significant bleeds? NO YES If YES, provide number of events

If other, specify:.....
.....
.....

PRE-RANDOMISATION CRANIAL ULTRASOUND SCAN RESULTS (Must be performed within 6 hours prior to randomisation)

Please record pre-randomisation cranial ultrasound scan results below:

Date and time of scan

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"/>
D	D	M	M	Y	Y	Y	Y	H	H	M	M

Results

Haemorrhage	LEFT	<input type="text"/>	H0	RIGHT	<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	<input type="text"/>	V0	RIGHT	<input type="text"/>
		<input type="text"/>	V1		<input type="text"/>

Parenchymal injury	LEFT	<input type="text"/>	P0	RIGHT	<input type="text"/>
		<input type="text"/>	P1	LEFT	<input type="text"/>
		<input type="text"/>	P2	RIGHT	<input type="text"/>
		<input type="text"/>	P3	LEFT	<input type="text"/>

<input type="text"/>	PC	<input type="text"/>
<input type="text"/>	PVL	<input type="text"/>