



CRF TRANSMITTAL FORM

End of Study Data

Send completed copy of CRF pages to NHSBT-CSU, Long Road, Cambridge, CB2 2PT
 Or Fax +44 (0)1223 588 136
 Or Email: planet2@nhsbt.nhs.uk

Clinical Trial Name	Planet 2
Subject Trial No	
Site Name	

Date CRFs Sent to CSU (DD/MM/YY):

Form Number	Form Title	CRFs sent to NHSBT-CSU? Y / N / N/A	Comment (CRFS not sent)
7	Weekly Data Collection Form (SD 35)		
7	Weekly Data Collection Form (SD 42)		
7	Weekly Data Collection Form (SD 49)		
7	Weekly Data Collection Form (SD 56)		
7	Weekly Data Collection Form (SD 63)		
7	Weekly Data Collection Form (SD 70)		
7	Weekly Data Collection Form (SD 77)		
7	Weekly Data Collection Form (SD 84)		
7	Weekly Data Collection Form (SD 91)		
7	Weekly Data Collection Form (SD 98)		
7	Weekly Data Collection Form (SD 105)		
8	Platelet Transfusion Data		Number of forms sent:
9	NEC / Sepsis Form (Events 1- 8)		Number of events recorded:
9	NEC / Sepsis Form (Events 9 -16)		Number of events recorded:
10	Discontinuation of Treatment Allocation		
11	Cranial Ultrasound at End of Study		
12	End of Study		

IF NO EVENTS HAVE OCCURRED, ENTER '0' AS APPROPRIATE

Total number of Platelet Transfusion Forms for this patient:	
Total number of NEC / Sepsis events for this patient:	

NHSBT-CSU Confirmation of Receipt				
Role	Name (Print)	Signature	Date CRF receipt checked	Comments

Data Manager to contact site directly to confirm receipt of CRF pages