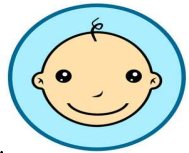


**FORM 1**



**PlaNeT-2**

**PLANET-2 TRIAL SCREENING LOG**

**This log must be completed for all neonates with platelets <math>100 \times 10^9/L</math> and GA <math><34</math> weeks.**

Centre Name:

**FOR SITE REFERENCE ONLY.**



*Blood and Transplant*

XXX = ADD OWN TRUST ABBREVIATION

(FAX FORM 2 MONTHLY)

Patient Log No. <u>Use for randomising</u>	Date of Birth Dd/mm/yyyy	Date Admitted to NICU Dd/mm/yyyy	Gestational age at birth in wks+days	Birth order if multiple birth, eg (1 of 2) for 1st twin	Neonate's Initials	Gender M/F/I	Approached? Y/N	Consented? Y/N	If Randomised, Trial No (generated on randomisation)
XXX017									
XXX018									
XXX019									
XXX020									
XXX021									
XXX022									
XXX 023									
XXX 024									
XXX 025									
XXX 026									
XXX 027									
XXX 028									
XXX 029									
XXX 030									
XXX 031									
XXX 032									