



PlaNiT-2

PLANET-2 TRIAL SCREENING LOG – FORM 1
This log must be completed for all neonates with platelets
<100 x10⁹/L and GA <34 weeks.



Blood and Transplant

Centre Name:

FOR SITE REFERENCE ONLY.

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)
XXX 049									
XXX 050									
XXX051									
XXX052									
XXX053									
XXX054									
XXX055									
XXX056									
XXX057									
XXX058									
XXX059									
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XXX062									
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