

# PlaNeT-2 - Form 15

Trial Number

Neonate Initials

If multiple births; birth order  of

## SERIOUS PLATELET TRANSFUSION RELATED ADVERSE EVENTS

Serious Adverse Event Name .....

Date and start time of transfusion

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

Donation Number

Pack Number

**Reason why transfusion related adverse event:**  
(Please tick one box only)

Incorrect blood component transfused

Acute transfusion reaction

Transfusion related acute lung injury

Transfusion transmitted infection

Transfusion associated circulatory overload

Other, specify:.....

**Causal relationship to transfusion:**  
(Please tick one box only)

Definitely       Probably       Possibly

**Is this a known (i.e. expected) adverse transfusion related reaction?**  
(Please tick one box only)

Yes, expected

No, not expected\*\*

\*\*Note: Any unexpected transfusion complications will require expedited reporting as a suspected unexpected serious transfusion related adverse reaction.

**Completed Form 15 must be sent to the NHSBT CSU within 24 hours of identification of the event. Fax: 01223 588 136 Email: [planet2@nhsbt.nhs.uk](mailto:planet2@nhsbt.nhs.uk)**

Principal Investigator Name (Print)	Principal Investigator Signature	Date
<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"/> <input type="text"/> <input type="text"/>
		D D M M Y Y Y Y

**CSU use only: Related to SAE Number .....**

**Send Form 15 within 24 hours**