NHS Blood and Transplant
Final Version 1.00
11May2011

PlaNeT-2 - Form 7

Trial Number | | | | | | |

Neonate Initials | | | |

If multiple births; birth order | | of | |

WEEKLY DATA COLLECTION - DAY | | |

Continue weekly until the neonate reaches the End of Study (Maximum Study Day: 105)

Form completion date
Complete at end of 7 day period

Date | | | | | 2 | 0 | | |
D D M M Y Y Y Y

IN THE LAST 7 DAYS :-

		NO	YES	IF YES, HOW MANY?
(1)	**Has the neonate had any platelet transfusions?** If YES, ensure form 8 is completed for each transfusion			
(2)	**Has the neonate had a major or severe bleed?** If YES, ensure form 13 is completed for each episode of bleeding (See guidance notes)			
(3)	**Has the neonate had an SAE?** If YES, ensure completion of the SAE form 14 for each SAE (See guidance notes)			
(4)	**Has the neonate had any NEC / sepsis events as defined in the protocol?** If YES, ensure completion of the NEC / sepsis event form 9 for each event (See guidance notes)			

Date, time and result of lowest reliable platelet count within the last 7 days:

Date | | | | | 2 | 0 | | |
D D M M Y Y Y Y

Time (24 hour clock) | | | | |
H H M M

Platelet Count | | | | x10^9/L

Tick box if Not Done | |

Has the neonate had a cranial ultrasound scan within the last 7 days? NO | | YES | |
(If more than one cranial ultrasound scan has been done, please provide the most recent, verified scan results)

If yes, date and time of scan

Date | | | | | 2 | 0 | | |
D D M M Y Y Y Y

Time (24 hour clock) | | | | |
H H M M

RESULTS

Haemorrhage

LEFT		RIGHT
	H0	
	H1	
	H2	
	H3	

Ventricular size
V1 is dilatation > 12 mm

LEFT		RIGHT
	V0	
	V1	

Parenchymal injury

LEFT		RIGHT
	P0	
	P1	
	P2	
	P3	

LEFT		RIGHT
	PC	
	PVL	