

PlaNeT-2 - Form 7

Trial Number

Neonate Initials

If multiple births; birth order of

WEEKLY DATA COLLECTION - STUDY DAY 35
Period from study day 29 to 35

Form completion date
Complete on day 35

Date
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Has the neonate had an SAE? If YES, ensure completion of the SAE form 14 for each SAE (See guidance notes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Has the neonate had any NEC / sepsis events as defined in the protocol? If YES, ensure completion of the NEC / sepsis events form 9 for each event (See guidance notes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Date
D D M M Y Y Y Y

Time (24 hour clock)
H H M M

Platelet Count x10⁹/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
D D M M Y Y Y Y

Time (24 hour clock)
H H M M

RESULTS
Haemorrhage

LEFT		RIGHT
<input type="checkbox"/>	H0	<input type="checkbox"/>
<input type="checkbox"/>	H1	<input type="checkbox"/>
<input type="checkbox"/>	H2	<input type="checkbox"/>
<input type="checkbox"/>	H3	<input type="checkbox"/>

Ventricular size
V1 is dilatation > 12 mm

LEFT		RIGHT
<input type="checkbox"/>	V0	<input type="checkbox"/>
<input type="checkbox"/>	V1	<input type="checkbox"/>

	LEFT		RIGHT		LEFT		RIGHT
Parenchymal injury	<input type="checkbox"/>	P0	<input type="checkbox"/>		<input type="checkbox"/>	PC	<input type="checkbox"/>
	<input type="checkbox"/>	P1	<input type="checkbox"/>	<input type="checkbox"/>	PVL	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	P2	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	P3	<input type="checkbox"/>	<input type="checkbox"/>			