NHS Blood and Transplant

PlaNeT-2 - Form 12

Final Version 1.00
11May2011

Trial Number [ ][ ][ ][ ][ ][ ]

Neonate Initials [ ][ ][ ]

If multiple births; birth order [ ] of [ ]

END OF STUDY

Refer to guidance notes for End of Study definition

NOTE: Ensure Cranial Ultrasound is performed prior to the End of Study and complete Form 11

End of Study Date: Date [ ][ ][ ][ ] 2 0 [ ][ ] (D D M M Y Y Y Y)

Date, time and result of most recent platelet count:

Date [ ][ ][ ][ ] 2 0 [ ][ ] (D D M M Y Y Y Y)

Time (24 hour clock) [ ][ ][ ][ ] (H H M M)

Platelet Count [ ][ ][ ] x10^9/L

Did neonate complete the study as planned?
(Minimum 28 study day period completed)

NO [ ] **YES** [ ]

If **YES**, please tick appropriate box (i) [ ] hospital discharge (after 28 study days completed) (ii) [ ] 38 weeks corrected G.A.

If **NO**, please give reason:

[ ] Consent withdrawn by parent / guardian — Date Consent Withdrawn: Date [ ][ ][ ][ ] 2 0 [ ][ ] (D D M M Y Y Y Y)

[ ] Death — Date of Death: Date [ ][ ][ ][ ] 2 0 [ ][ ] (D D M M Y Y Y Y)

[ ] Discharged home prior to Study Day 28 — Date Discharged: Date [ ][ ][ ][ ] 2 0 [ ][ ] (D D M M Y Y Y Y)

[ ] Other event — Date of Event: Date [ ][ ][ ][ ] 2 0 [ ][ ] (D D M M Y Y Y Y)

If Other event, please specify:

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Principal Investigator signature declaration

I have reviewed all CRF pages for this patient and confirm that the data is accurate to the best of my knowledge

Principal Investigator Name (Print) [ ]

Principal Investigator Signature [ ]

Date [ ][ ][ ][ ] 2 0 [ ][ ] (D D M M Y Y Y Y)