

PlaNeT-2 - Form 8

Trial Number

Neonate Initials

If multiple births; birth order of

PLATELET TRANSFUSION DATA

Please report all platelet transfusions given since the last transfusion data form was completed
Complete form at time of transfusion and use 1 form per transfusion

Start date and time of transfusion event
Date: 2 0
Time (24 hour clock):
D D M M Y Y Y Y H H M M

Working weight at transfusion grams

Platelet count: pre-transfusion x10⁹/L

post-transfusion x10⁹/L
(within 24 hours of transfusion completion)

Tick box if platelet count was not done

Absolute volume transfused millilitres

If transfusion given above was not according to the allocated platelet count threshold of Arm A < 25 or Arm B < 50, please provide a reason:

- major bleeding
- major surgery (please describe).....
- other (please describe).....

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