NHS Blood and Transplant
Final Version 1.1
19October2011

PlaNeT-2 - Form 7

Trial Number ☐☐☐☐☐☐

Neonate Initials ☐☐☐

If multiple births; birth order ☐ of ☐

WEEKLY DATA COLLECTION - STUDY DAY 21

Period from study day 15 to 21

Form completion date
Complete on day 21

Date: D D M M 2 0 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 events form 9 for each event (See guidance notes)	☐	☐	☐

Results of weekly cranial ultrasound scan:

(If more than one cranial ultrasound scan has been done, please provide the most recent, verified scan results)

Date and time of scan

Date: D D M M 2 0 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	☐