

PlaNeT-2 - Form 11

Trial Number

Neonate Initials

If multiple births; birth order of

CRANIAL ULTRASOUND AT END OF STUDY
This scan must be performed as defined in the protocol

	NO	YES
Has the neonate had a cranial ultrasound within the last 7 days prior to the End of Study?	<input type="checkbox"/>	<input type="checkbox"/>

If scan performed and NOT previously recorded on the most recent weekly data collection form, then record details here:

Date and time of scan

Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Time (24 hour clock)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	D	D	M	M	Y	Y	Y	Y	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"/>

Parenchymal injury

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

OUTCOMES

Chronic Lung Disease (>28 days oxygen dependent or respiratory support)?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
Chronic Lung Disease (>36 weeks PMA oxygen dependency or respiratory support)?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
Retinopathy of Prematurity >= stage 2 (unilateral or bilateral)?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
If 'Yes', did this require laser treatment?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>