

PlaNeT-2 - Form A

Log Number

Trial Number

Neonate Initials

If multiple births; birth order of

PRE-RANDOMISATION PLATELET TRANSFUSION INFORMATION

Were any platelet transfusions given to this neonate between birth and randomisation? NO YES If YES, how many?

Please complete the following details FOR EACH platelet transfusion given prior to randomisation:

Transfusion No:	Date and time of Transfusion	Platelet Count (Immediately prior to platelet transfusion)	Tick if Platelet Count is Not Known	Hospital where platelets given
1	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/> <small>D D M M Y Y Y Y</small>	Time (24 hour clock) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>H H M M</small>	<input type="text"/> <input type="text"/> <input type="text"/> x 10 ⁹ /L <input type="checkbox"/>
Reason for platelet transfusion (please tick all that apply)				
Active bleeding*	Low platelet count	Major IVH	Surgery	Not known
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other* <input type="checkbox"/>				

If 'Active bleeding' or 'Other' applies, state reason:

Transfusion No:	Date and time of Transfusion	Platelet Count (Immediately prior to platelet transfusion)	Tick if Platelet Count is Not Known	Hospital where platelets given
2	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/> <small>D D M M Y Y Y Y</small>	Time (24 hour clock) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>H H M M</small>	<input type="text"/> <input type="text"/> <input type="text"/> x 10 ⁹ /L <input type="checkbox"/>
Reason for platelet transfusion (please tick all that apply)				
Active bleeding*	Low platelet count	Major IVH	Surgery	Not known
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other* <input type="checkbox"/>				

If 'Active bleeding' or 'Other' applies, state reason:

Transfusion No:	Date and time of Transfusion	Platelet Count (Immediately prior to platelet transfusion)	Tick if Platelet Count is Not Known	Hospital where platelets given
3	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/> <small>D D M M Y Y Y Y</small>	Time (24 hour clock) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>H H M M</small>	<input type="text"/> <input type="text"/> <input type="text"/> x 10 ⁹ /L <input type="checkbox"/>
Reason for platelet transfusion (please tick all that apply)				
Active bleeding*	Low platelet count	Major IVH	Surgery	Not known
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other* <input type="checkbox"/>				

If 'Active bleeding' or 'Other' applies, state reason: