

# PlaNeT-2 - Form A

Blood and Transplant

Log Number

Trial Number

Neonate Initials

If multiple births;  of  birth order

## PRE-RANDOMISATION PLATELET TRANSFUSION INFORMATION: CONTINUATION PAGE

**Transfusion No:**

**Date and time of Transfusion**

Date:  2 0   
D D M M Y Y Y Y

Time (24 hour clock):   
H H M M

**Platelet Count** (Immediately prior to platelet transfusion):  x 10<sup>9</sup>/L

**Tick if Platelet Count is Not Known**

**Hospital where platelets given** .....

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

**Reason for platelet transfusion (please tick all that apply)**

Active bleeding\*  Low platelet count  Major IVH  Surgery  Not known  Other\*  .....

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