

## AZTEC Eligibility form

<b>Study ID</b>	<b>Baby DOB</b>	<b>Today's Date</b>
A Z <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	M M / Y Y Y Y	D D / M M / Y Y Y Y

**1. Inclusion Criteria:** Please exclude from AZTEC if the answer is 'NO' to any of the following:

	Yes	No
1.1 Was the baby's gestational age at birth $\leq 29^{+6d}$ weeks or less? (including infants born as one of a multiple birth)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 Has the baby received positive pressure respiratory support for at least 2 continuous hours during the first 72 hours of life: (intubated, or by non-invasive mechanical ventilation including continuous positive airway pressure and high flow nasal cannula or a combination thereof)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.3 Does the baby have an intravenous line suitable for drug administration?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.4 Has written informed consent been obtained from the parent(s) within 72 hours of birth?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.5 Anticipating administration of first dose within 72 hours at the latest (within 24 hours of life for inborn and 48 hours for outborn infants)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.6 In the opinion of the PI (or delegate), is it reasonable to expect completion of 10 days of trial treatment whilst resident at the recruiting site	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.7 Is the baby inborn, or born at a site where it is reasonably anticipated follow-up will be possible?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.8 In the opinion of the PI, reasonable prospect of survival past the first 72 hours of life	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**2. Exclusion Criteria :** Please exclude from AZTEC if the answer is 'YES' to any of the following:

	Yes	No
2.1 Has the baby been exposed to another systemic macrolide antibiotic (not maternal)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 Is a presence of major surgical or congenital abnormality present not including patent ductus arteriosus or patent foramen ovale)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.3 Is there a known contraindication of azithromycin as specified in the summary of characteristics of the product	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.4 Is the baby participating in another interventional trial that precludes participation in AZTEC?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Is the Baby eligible for Aztec?** YES  NO

Completed by (Initials)

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Name of Doctor confirming eligibility:

Eligibility must be confirmed by a medically qualified doctor. If this form has been completed by other healthcare professional, please confirm decision has been made by a medically qualified doctor **YES**  **NO**  **(must be yes)**

Date of Completion:  /  /

Signature:

Role: