

## Trial Entry

<b>Study ID</b> A Z [ ] [ ] [ ] [ ]	<b>Baby DOB</b> M M / Y Y Y Y	<b>Today's Date</b> D D / M M / Y Y Y Y
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### Details about baby's birth

1. What was the expected date of delivery?

[ D ] [ D ] / [ M ] [ M ] / [ Y ] [ Y ] [ Y ] [ Y ]

2. What was the actual date of delivery?

[ D ] [ D ] / [ M ] [ M ] / [ Y ] [ Y ] [ Y ] [ Y ]

3. What was the time of delivery? Please provide in 24hr Clock format

[ ] [ ] : [ ] [ ]

4. What is the baby's gender? Male  Female  undetermined

5. Baby's gestational age

[ ] [ ] Weeks [ ] Days

6. Baby's birthweight [ ] [ ] [ ] [ ] g

7. What was the mode of delivery? Vaginal  Caesarean Section

Completed by (Initials) [ ] [ ] [ ]

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8. Which of the following was attributed as a main cause of preterm birth? (select only one)

Preterm premature rupture of membranes (PPROM)

Spontaneous Preterm labour (no PPROM)

Antepartum Haemorrhage

Pregnancy induced hypertension (+/- APH)

Obstetric intervention for foetal reasons (e.g. chorioamnionitis, growth restriction)

Other maternal illness  *if yes specify below*

Specify

9. Is the baby one of a multiple pregnancy Yes  No  (if no please go to question 10)

9a. If yes, how many babies were expected?

9b. What is the birth order of this baby?

9c Has another infant from this pregnancy already been recruited? Yes  No  (if no please go to question 10)

9d If yes, list their study ID:

Completed by (Initials)

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10. What is the baby's ethnicity?

- Welsh/English/Scottish/Northern Irish/British
- Irish
- Indian
- Pakistani
- Bangladeshi
- Chinese
- African
- Caribbean
- Any other White background
- Any other Asian background
- Any other Black/African/Caribbean background
- Any other ethnic group

**Randomisation**

After completion of the baby's birth details above, log on to <<URL>> and follow the on-screen instructions. The randomisation system will provide you with a unique study ID for this baby and a pack ID for the AZTEC trial treatment, which you should fill in below.

**AZTEC Study ID**

**Trial medication pack ID:**

***Administer the first dose soon after randomisation and within 72 hours of birth***

Completed by (Initials)

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**Obstetric and neonatal details**

11. Did the mother receive any antenatal steroids? Yes  No  (if no please go to question 12)

11a. If yes were the steroids:

Started less than 24 hours before birth

Started 24 hours or more before birth

12. Did the mother receive antibiotics antenatally within 5 days before delivery?

Yes/No

If yes specify

13. Did the mother receive any magnesium sulphate for neuroprotection antenatally and within 24 hours before delivery?  Yes  No

14. Was the baby born in this hospital? Yes  No  (if yes please go to question 15)

14a. If no, where was the baby born?

15. Was the baby's heart rate >100bpm at 5 minutes? Yes  No

16. What was the baby's worst base excess in the first hour after birth?  .  mEq/L

16a. Is this base excesses value:

Positive  Negative  Not Recorded

**Continuing Care**

17. Is the baby likely to be transferred to another hospital? Yes  No  (if no please go to name of person completing form)

17a. If yes, please list name(s) of hospital(s)

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**Form completion**

Name of person completing this CRF:	<input type="text"/>
Role	<input type="text"/>
Date of completion:	D D / M M / Y Y Y Y
Signature:	<input type="text"/>