

To be completed for ALL infants born with oesophageal atresia (OA) treated at your centre during the newborn period.

Hospital name: _____

1. Local reference/ID (e.g. 001 - this reference should not contain any participant identifying information):

2. Date assessed for eligibility:

D	D	/	M	M	/	Y	Y
---	---	---	---	---	---	---	---

3. Name of person assessing eligibility: _____

4. Was the infant eligible for TOAST? Yes No

If No:

Why was the infant ineligible? [select one]

- Did not have a distal tracheo-oesophageal fistula
- Has undergone an operative intervention prior to the one where they underwent oesophageal anastomosis
- Not expected to survive beyond the first year of life
- Parent(s)/carer(s) assessed by a clinical member of the research team as not able or willing to comply with trial requirements and cannot be supported to do so, and therefore not approached
- Additional significant disorder or disease that, in the opinion of a clinical member of the research team, makes entry into the trial inappropriate
- Is taking medication that, in the opinion of a clinical member of the research team, makes entry into the trial inappropriate
- Over two weeks of age at admission
- Other

Details: _____

If Yes:

5. Was the infant randomised? Yes No

If Yes: Study number

--	--	--	--

If No: Why was the infant not randomised?

- Not assessed for eligibility by end of day 3 after surgery where day of surgery is day 0
- Parent(s) approached but declined enrolment
- Clinician decision not to approach (other than for reason given above)
- No staff available to consent/randomise
- Other

Details: _____
