

## Form 1: Trial Entry

### Use this form:

- When written informed parental consent has been obtained
- When infant is ready to be randomised  
(i.e. when the clinician is ready to start increasing the feed volume)

***Complete Section A prior to randomisation***



Infant's surname: \_\_\_\_\_

Infant's first name: *(enter unknown if applicable)* \_\_\_\_\_



## Section A: Enrolment

At least one of questions A.1 and A.2 must be answered YES:

- A.1 Is this infant's gestational age at birth less than 32 weeks? Yes  No
- A.2 Is this infant's birth weight less than 1,500 g? Yes  No
- A.3 Infant's date and time of birth: (use 24hr clock)   /   /    :
- A.4 Infant's expected date of delivery (EDD):   /   /
- A.5 Infant's birth weight:     g
- A.6 Is this infant receiving  $\leq 30$  ml/kg/day of milk? Yes  No
- A.7 Is the clinician ready to start increasing the feed volume? Yes  No
- A.8 Does this infant have a severe congenital anomaly? Yes  No
- A.9 Does this infant have a realistic prospect of survival? Yes  No
- A.10 Is this infant likely to be traceable for follow-up at 24 months of age? Yes  No
- A.11 Has written informed parental consent been obtained? Yes  No

If Yes, please PRINT name of person who obtained consent:

\_\_\_\_\_

If Yes, please PRINT name of hospital where consent obtained:

\_\_\_\_\_

- A.12 What is this infant's sex? Male  Female  Indeterminate
- A.13 Was this infant a singleton or multiple fetus? Singleton  Multiple

If Multiple, does this infant have one or more siblings randomised in the trial? Yes  No

If Yes,

SIFT study number sibling 1:

SIFT study number sibling 2:

SIFT study number sibling 3:

A.14 Infant's NHS number:

## Section B: Randomisation

- B.1 SIFT study number:
- B.2 Feeding allocation: Fast milk feed increase (30 ml/kg/day)
- Slow milk feed increase (18 ml/kg/day)

### Section C: Neonatal details

- C.1 Was this infant delivered via caesarean section? Yes  No
- C.2 Were the membranes ruptured before labour? Yes  No
- C.3 Were the membranes ruptured >24 hours before delivery? Yes  No
- C.4 Was this infant's heart rate >100 bpm at 5 minutes of age? Yes  No
- C.5 What was this infant's temperature when first admitted to the first neonatal unit?   .  °C
- C.6 What was this infant's worst base excess measured within 24 hours of birth? (if positive change - to +) -   .
- C.7 Was this infant ventilated via an endotracheal tube at the time of randomisation? Yes  No
- C.8 Did this infant have absent or reversed end diastolic flow identified on any antenatal ultrasound scan? Yes  No
- C.9 If this infant was one of a multiple pregnancy:  
 How many infants were born?   
 What was the birth order of this infant?

### Section D: Maternal details

- D.1 Did the mother receive antenatal corticosteroids? Yes  No
- D.2 Mother's surname: \_\_\_\_\_
- D.3 Mother's first name: \_\_\_\_\_
- D.4 Mother's NHS number:
- D.5 Mother's date of birth:   /   /
- D.6 Main language: \_\_\_\_\_
- D.7 Mother's email address: \_\_\_\_\_
- D.8 Mother's mobile number: \_\_\_\_\_

### Section E: Form details

#### Details of person completing form

Name: \_\_\_\_\_

Role: \_\_\_\_\_

Date:   /   /   Signature: \_\_\_\_\_

### When this form has been completed

Please return within 7 days of randomisation to the SIFT Coordinating Centre using the FREEPOST envelope provided



## Contact Details

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For URGENT queries outside office hours telephone 0800 138 5451 and leave a message with the operator. You will be called back.

