

NPEU ID Number: _____

Infant DOB: _____

Infant Hospital Number: _____

Infant NHS Number: _____

British Paediatric Surveillance Unit Study

Feto-Maternal Alloimmune Thrombocytopenia (FMAIT)

Data Collection Form - ONE YEAR FOLLOW-UP

Please return the completed form to:

Dr Marian Knight
National Perinatal Epidemiology Unit
University of Oxford
Old Road Campus
Oxford
OX3 7LF

Fax: 01865 289701
Phone: 01865 289714

Case reported in: _____

Section 1: Outcomes

1.1 Time to discharge after birth days, or tick if not yet discharged

1.2 Did this child develop any haemorrhagic complications? Yes No

If Yes, please indicate below which complications occurred (*tick all that apply*)

Intracranial haemorrhage

Gastrointestinal bleed

Bruising/petechiae

Other

If Other, please specify _____

1.3 Did any other major infant complications occur?* Yes No

If Yes, please specify _____

1.4 Did this infant have any apparent disability, delay or impairment at 1 year of age? Yes No Not seen

If Yes, please specify _____

1.5 Did this infant die Yes No

If Yes, please specify date of death

/ /

What was the primary cause of death as stated on the death certificate?

(please state if not known) _____

Section 2

Please use this space to enter any other information you feel may be important

Section 3

Name of person completing the form _____

Designation _____

Today's date / /

*Examples

Fetal/infant complications, including:

Respiratory distress syndrome

Necrotising enterocolitis

Neonatal encephalopathy

Chronic lung disease

Severe jaundice requiring phototherapy

Major congenital anomaly

Severe infection e.g. septicaemia, meningitis

Exchange transfusion