

**Centre:**

**This form has to be filled in for every  
baby born below 32 gestational weeks**

Location of birth:    inborn                  outborn: specify the place:

Date of birth:                                  Time at birth:                  h

Gestational age in weeks and days at birth:                  /7

Birth weight:                  g

Head circumference at birth:                  mm

Sex:    m                  f

**INCLUSION CRITERIA****YES    NO**

Infant born between 26 <sup>0</sup>/<sub>7</sub> and 31 <sup>6</sup>/<sub>7</sub> gestational weeks

Postnatal age less than 3 hours

Informed parental consent (preferably obtained before birth)

If **no**:    Parents not approached                  Parents approached, but did not consent

**EXCLUSION CRITERIA****YES    NO**

Genetically defined syndrome; if yes; specify:

Severe congenital malformation adversely affecting life expectancy or neurodevelopment; if yes, specify:

A priory palliative care

**The patient is included                  yes                  >>>> Trial No:**  
**no**

**YES    NO**

Intracranial haemorrhage grade 3 or more detected between dose1 and 3 of EPO  
**If yes: stop the medication and continue documentation**

Date:                                  Confirmation in capital letters:

Please fax the completed form as soon as possible to  
Brigitte Koller, Klinik für Neonatologie, UniversitätsSpital, 8091 Zürich  
Fax: 044/ 255 44 42