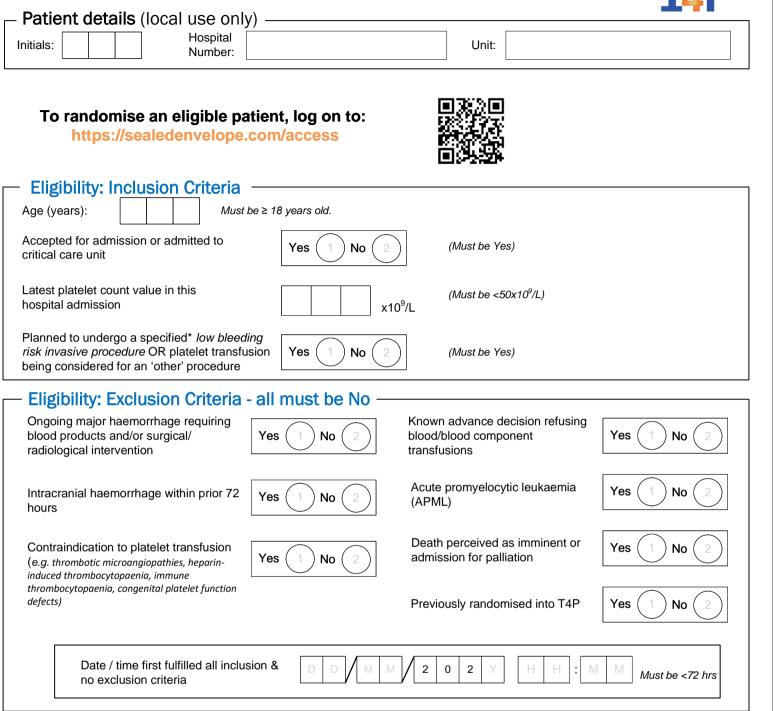
Randomisation Form



Randomisation confirmation

Treatment allocation: Threshold for platelet transfusion is: Less than Less than Less than Less than Less than 40 20 30 50 40x10⁹/L 10x10⁹/L 20x10⁹/L 30x10⁹/L 50x10⁹/L Date/Time of 2 0 2 Trial Number: randomisation: (24 hour clock) Signature: Randomised by: (person randomising) (print name) Medical oversight Eligibility confirmed by provided by Dr (if different to above): (if different to above): (print name) (print name)

T4P Randomisation Form V2.1 07.12.2023 Store completed form in Investigator Site File and document randomisation in patient notes