

Randomisation Form



Patient details (local use only)

Initials: Hospital Number: Unit:

To randomise an eligible patient, log on to:

<https://sealedenvelope.com/access>



Eligibility: Inclusion Criteria

Age (years): Must be ≥ 18 years old.

Accepted for admission or admitted to critical care unit Yes (1) No (2) (Must be Yes)

Latest platelet count value in this hospital admission $\times 10^9/L$ (Must be $< 50 \times 10^9/L$)

Planned to undergo a specified* low bleeding risk invasive procedure OR platelet transfusion being considered for an 'other' procedure Yes (1) No (2) (Must be Yes)

Eligibility: Exclusion Criteria - all must be No

Ongoing major haemorrhage requiring blood products and/or surgical/radiological intervention Yes (1) No (2)

Known advance decision refusing blood/blood component transfusions Yes (1) No (2)

Intracranial haemorrhage within prior 72 hours Yes (1) No (2)

Acute promyelocytic leukaemia (APML) Yes (1) No (2)

Contraindication to platelet transfusion (e.g. thrombotic microangiopathies, heparin-induced thrombocytopenia, immune thrombocytopenia, congenital platelet function defects) Yes (1) No (2)

Death perceived as imminent or admission for palliation Yes (1) No (2)

Previously randomised into T4P Yes (1) No (2)

Date / time first fulfilled all inclusion & no exclusion criteria

/ / 2 0 2 Y : Must be < 72 hrs

Randomisation confirmation

Treatment allocation: Threshold for platelet transfusion is:

Less than $10 \times 10^9/L$ (10) Less than $20 \times 10^9/L$ (20) Less than $30 \times 10^9/L$ (30) Less than $40 \times 10^9/L$ (40) Less than $50 \times 10^9/L$ (50)

Date/Time of randomisation: / / 2 0 2 Y : (24 hour clock)

Trial Number:

Randomised by: (print name)

Signature: (person randomising)

Eligibility confirmed by: (if different to above): (print name)

Medical oversight provided by Dr: (if different to above): (print name)