

Event Date:

- | | | | | |
|--|--|--|---|--|
| | | | <input type="radio"/> Citrobacter species
<input type="radio"/> Candida albicans
<input type="radio"/> Candida other species (please specify)
<input type="radio"/> Coagulase-negative staphylococcus 'mixed growth'
<input type="radio"/> Enterobacter species
<input type="radio"/> Escherichia coli
<input type="radio"/> Enterococcus species
<input type="radio"/> Klebsiella other species (please specify)
<input type="radio"/> Klebsiella oxytoca
<input type="radio"/> Klebsiella pneumoniae
<input type="radio"/> Listeria monocytogenes
<input type="radio"/> Proteus species
<input type="radio"/> Pseudomonas species
<input type="radio"/> Staphylococcus aureus
<input type="radio"/> Staphylococcus capitis
<input type="radio"/> Staphylococcus epidermidis
<input type="radio"/> Staphylococcus haemolyticus
<input type="radio"/> Staphylococcus other species (please specify)
<input type="radio"/> Serratia species
<input type="radio"/> Streptococcus pneumoniae
<input type="radio"/> Streptococcus agalactiae (Group B Streptococcus)
<input type="radio"/> Streptococcus other species (please specify)
<input type="radio"/> Herpes Simplex Virus Type 1
<input type="radio"/> Herpes Simplex Virus Type 2
<input type="radio"/> Enterovirus
<input type="radio"/> Parechovirus
<input type="radio"/> Not known
<input type="radio"/> Other | |
|--|--|--|---|--|



A3 After any LPs performed as part of the trial, were there any additional LPs related to the same indication? ☐ Yes ☐ No

A3.1 How many additional lumbar punctures? (not including trial LPs)

A3.2 Total number of attempts across all additional lumbar punctures (not including trial LPs)

A4 What was the final lumbar puncture-related clinical diagnosis for this indication? ?

- ☐ Definite/probable meningitis
- ☐ Possible meningitis or equivocal CSF result
- ☐ Negative CSF result
- ☐ Uninterpretable CSF result (e.g. very high RCC or clotted CSF)
- ☐ No CSF obtained
- ☐ Lumbar puncture performed for other clinical reasons

Other related definite/probable diagnoses for the same indication?

☐ None of the below

☐ Sepsis (NOT suspected/possible sepsis) ?

☐ Blood culture positive ?

☐ Pneumonia

☐ NEC ?

☐ Urinary Tract Infection ?

☐ Line Infection ?

A6 Were antibiotics given for this indication?

☐ Yes ?

☐ No

What was the start and end date of the course of antibiotics associated with the trial LP(s)?

Start date	End date	Or tick if ongoing
		<input type="checkbox"/> Ongoing

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID:_____

Interviewer Name:_____

Interview Date:_____

Section Title: Notes

Notes