| Site Name | | Country | |
|---|---|---|---|
| Site ID Number | | | |
| Participant Identification Number | *Site ID #* | | *Participant Screening #* |
| | | - | | | |


## CASE REPORT FORMS

| | |
|---|---|
| FULL TITLE OF STUDY | A randomised controlled trial to assess the pharmacokinetics and pharmacodynamics of intramuscular, intravenous and oral administration of tranexamic acid in women giving birth by caesarean section |
| SHORT TITLE | Pharmacokinetics and pharmacodynamics of tranexamic acid in women having caesarean section birth |
| TRIAL ACRONYM | WOMAN-PharmacoTXA |
| CLINICALTRIALS.GOV ID | NCT04274335 |

This booklet contains all case report forms (CRFs) needed for a trial participant

| Form name |
|---|
| • Screening |
| • Randomisation |
| • Administration of Trial Intervention |
| • Medical and Obstetric History |
| • Pharmacokinetic Data, Vital Signs and Local Tolerability |
| • Blood Sample Results |
| • Neonatal Outcomes |
| • Maternal Outcomes |
| • Adverse Events (Maternal and Neonatal) |

## Guidance: How to complete the CRF

- Use permanent black or blue ink pen – do not use pencil or any non-permanent ink.
- Ensure a response is recorded for every single field. Where a value is 'None' or '0', please indicate this.
- Where multiple choices are given, circle the correct answer.
- Report all dates using the format DD/MM/YYYY
  e.g. if 23 March 2020, record as 23/03/2020.

| 1. Date of screening | 23 *day* | 03 *month* | 2020 *year* |
|---|---|---|---|

- Indicate all times using 24-hour clock in format of hours:minutes
  e.g. if 2:45 pm (in the afternoon), record as 14:45.

| 26. Time recorded *(24-hour clock)* | 14 *hours* | 45 *minutes* |
|---|---|---|

- If the time is midnight, record this as 00:00 the following day e.g. if it is midnight on 23/03/2020 then it is recorded as 24/03/2020 at 00:00.
- Write clearly and legibly throughout.

| 32. Any additional interventions given? *(circle one)* | (YES) | NO |
|---|---|---|
| a. If yes, specify | HYSTERECTOMY | |

- The Principal Investigator can delegate CRF completion and submission to trained staff but retains overall responsibility. The Principal Investigator must review and sign the completed CRF to confirm the data *(Section 14).*
- Store this CRF booklet in the Investigator Site File provided.
- All data contained in this CRF booklet (excluding blood test data) must be verifiable from the participant's medical file.
- All blood tests must be logged in the laboratory log.
- All medical files must be kept safely and must be made available for audit or inspection during the trial and after the trial has ended.
- All trial data and medical record files should be stored with the Investigator Site File for 10 years after the end of trial. You will be informed of the date when the trial is completed. Please let the LSHTM CTU know where they are stored.
- Enter the data into the trial database within 24 hours of completion of each CRF.
- Personal login details for the trial database must not be shared under any circumstances.
- Detailed guidance on data collection procedures is available in the Investigator Site File.

## Guidance: How to make corrections

If you enter an incorrect value on the form:

- Do NOT use correction fluid
- Cross out the incorrect value so it is still visible
- Enter the correct value alongside
- Date and initial each change
- Give reason for change

| 28. Systolic blood pressure *(mmHg)* | ~~138~~ 120 AG 23/03/20 error on entry |
|---|---|

| CHECKLIST – TIMING OF TRIAL ACTIVITIES AND BLOOD SAMPLING<br>PLEASE USE THIS CHECKLIST TO ASSIST WITH THE TIMING OF TRIAL ACTIVITIES AND CONFIRM COMPLETION | | | | |
|---|---|---|---|---|
| **Trial time point** | **Ideal time** | **Time range** | **Trial activity** | **Record due time here and tick when completed** |
| **Consent** | After initial screening | N/A | • Obtain consent | |
| **Baseline Screening** | After consent has been taken | N/A | • Collect baseline screening data | |
| **Baseline** | As part of baseline screening | N/A | • Take blood sample for: Pharmacokinetics (PK), D-dimer, full blood count and renal function<br>• Measure vital signs | |
| **Eligibility** | After screening completed | N/A | • Confirm eligibility | |
| **Randomisation** | When eligibility has been confirmed | N/A | • Randomise participant | |
| **$T_0$** | 1 hour prior to caesarean section | ± 30 mins | • Administration of trial treatment | |
| **$T_1$** | $T_0$ + 15 mins | ± 5 mins | • Take blood sample for: PK<br>• Measure vital signs<br>• Assess injection site *(IM only)* | |
| **$T_2$** | $T_0$ + 30 min | ± 15 mins | • Take blood sample for: PK<br>• Measure vital signs<br>• Assess injection site *(IM only)* | |
| **$T_3$** | $T_0$ + 1 hour | ± 30 mins | • Take blood sample for: PK<br>• Measure vital signs<br>• Assess injection site *(IM only)* | |
| **Neonatal $T_1$** | At umbilical cord clamp | N/A | • Neonate – umbilical blood sample for: PK | |
| **$T_4$** | $T_0$ + 2 hours | ± 1 hour | • Take blood sample for: PK<br>• Measure vital signs<br>• Assess injection site *(IM only)* | |
| **$T_5$** | $T_0$ + 4 hours | ± 1 hour | • Take blood sample for: PK, D-dimer<br>• Measure vital signs<br>• Assess injection site *(IM only)* | |
| **$T_6$** | $T_0$ + 8 hours | ± 1 hour | • Take blood sample for: PK, D-dimer<br>• Measure vital signs<br>• Assess injection site *(IM only)* | |
| **$T_7$** | $T_0$ + 12 hours | ± 2 hours | • Take blood sample for: PK, D-dimer<br>• Measure vital signs<br>• Assess injection site *(IM only)* | |
| **$T_8$** | $T_0$ + 24 hours | ± 2 hours | • Take blood sample for: PK, D-dimer, full blood count, renal function<br>• Measure vital signs<br>• Assess injection site *(IM only)*<br>• Assess for adverse events | |
| **Neonatal $T_2$** | At routine heel prick test | As soon as possible after birth and no later than 24 hours | • Neonate – heel prick sample for: PK | |
| **Day 2- Day 7** | Daily | N/A | • Measure vital signs<br>• Assess injection site *(IM only)*<br>• Assess for adverse events | |
| **Follow-up** | Discharge, Day 7, or death whichever occurs first | N/A | • Complete outcome follow-up data<br>• Get PI sign off in CRF booklet | |

| Participant ID number | | - | | | |
|---|---|---|---|---|---|

## 1. SCREENING

**(COMPLETE SCREENING AFTER CONSENT PROCESS HAS BEEN COMPLETED AND BEFORE RANDOMISATION)**

### SECTION A – PARTICIPANT SCREENING INFORMATION

| | | | | |
|---|---|---|---|---|
| 1. | Date of screening | *day* | *month* | *year* |
| 2. | Time of screening *(24-hour clock)* | *hours* | *minutes* | |
| 3. | Written consent obtained? *(circle one)* | YES | NO | *If NO, do not proceed until consent has been taken* |
| 4. | Consent obtained by *(first name/last name)* | | | *Full name of **clinician** - Print name clearly* |
| 5. | Age | | | *Years – approximate if unknown. If <18 years – do not include in trial* |
| 6. | Height *(cm)* | | | |
| 7. | Weight *(kg)* | | | |
| 8. | Giving birth by caesarean section? *(circle one)* | YES | NO | *If **NO**, do not include in trial* |

### SECTION B – RISK FACTORS FOR POSTPARTUM HAEMORRHAGE (PPH)

***Participant must have at least one risk factor associated with this pregnancy to be considered eligible for trial***

| | | | | |
|---|---|---|---|---|
| 9. | Anaemia present? *(circle one)* | YES | NO | |
| 10. | Dead foetus in utero? *(circle one)* | YES | NO | |
| 11. | Gestational diabetes? *(circle one)* | YES | NO | |
| 12. | Gestational hypertensive disorder of pregnancy? *(circle one)* | YES | NO | |
| 13. | Intra-amniotic infection? | YES | NO | *E.g. Prolonged rupture of membranes* |
| 14. | Macrosomia? *(circle one)* | YES | NO | *Foetal weight >4000g* |
| 15. | Multiple pregnancy? *(circle one)* | YES | NO | *Current pregnancy only* |
| 16. | Parity >3 *(circle one)* | YES | NO | |
| 17. | Placental abruption? *(circle one)* | YES | NO | |
| 18. | Placenta accreta? *(circle one)* | YES | NO | |
| 19. | Placental praevia? *(circle one)* | YES | NO | |
| 20. | Polyhydramnios? *(circle one)* | YES | NO | |
| 21. | Pre-eclampsia with thrombocytopaenia? *(circle one)* | YES | NO | *E.g. Haemolysis, elevated liver enzymes and low platelet count (HELLP)* |
| 22. | Previous history of postpartum haemorrhage *(circle one)* | YES | NO | |
| 23. | Uterine anomalies? *(circle one)* | YES | NO | |
| 24. | Uterine fibroids present? *(circle one)* | YES | NO | |
| 25. | Any other PPH risk factors not listed above? *(circle one)* | YES | NO | *If yes, you must provide details below* |
| | a. If yes, specify | | | |

***Participant must have at least one confirmed risk factor from Q.9 – Q. 25. If YES to any of Q.9 – Q.24, proceed to Section C. If not, do not include in the trial and record as screening failure***

## SECTION C – VITAL SIGNS

| *Use blood pressure device provided* | | | | |
|---|---|---|---|---|
| 26. Date recorded | *day* | *month* | *year* | |
| 27. Time recorded | *hours* | *minutes* | | |
| 28. Systolic blood pressure *(mmHg)* | | 29. Diastolic blood pressure *(mmHg)* | | |
| 30. Heart rate *(beats per minute)* | | 31. Respiratory rate *(breaths per minute)* | | |
| 32. Temperature *(°C)* | | | | |

## SECTION D – BASELINE BLOOD SAMPLE COLLECTION

| *Record results of blood test in **Blood Sample Results** when available* | | | | |
|---|---|---|---|---|
| 33. Have baseline blood samples been collected for: | *Participant must have baseline blood sample taken prior to randomisation. If no baseline sample taken, do not randomise* | | | |
| a. Pharmacokinetics (PK)? *(circle one)* | YES | **NO** | *Use Mitra kit* | |
| b. D-dimer? *(circle one)* | YES | **NO** | *Use Sodium citrate tube **(Blue)*** | |
| c. Full blood count? *(circle one)* | YES | **NO** | *Use EDTA tube **(Purple)*** | |
| d. Renal function? *(circle one)* | YES | **NO** | *Use Gel tube **(Gold)** / **(Red)*** | |
| ***Participant must have baseline blood sample collected to be eligible. If NO, do not include in the trial*** | | | | |
| 34. Date sample taken | *day* | *month* | *year* | |
| 35. Time sample taken *(24-hour clock)* | *hours* | *minutes* | | |
| 36. Any issue with samples? *(circle one)* | YES | NO | | |
| a. If yes, describe | | | | |
| 37. Taken by *(first name/last name)* | | | | |

## SECTION E – CONFIRMATION OF ELIGIBILITY

| *Confirm eligibility immediately before randomisation* | | | |
|---|---|---|---|
| 38. Giving birth by caesarean section? *(circle one)* | YES | **NO** | *If **NO**, do not include in trial* |
| 39. ≥18 years old? *(circle one)* | YES | **NO** | *If **NO**, do not include in trial* |
| 40. Has a known risk factor for PPH associated with this pregnancy? *(circle one)* | YES | **NO** | *If **NO**, do not include in trial* |
| ***If NO to any of the above, do not include in trial*** | | | |
| 41. Known history of renal impairment? *(circle one)* | **YES** | NO | *If **YES**, do not include in trial* |
| 42. Known history of blood clotting disorder? *(circle one)* | **YES** | NO | *If **YES**, do not include in trial* |
| 43. Current antepartum haemorrhage with this pregnancy? *(circle one)* | **YES** | NO | *If **YES**, do not include in trial* |
| 44. Known allergic response to Tranexamic Acid (TXA)? *(circle one)* | **YES** | NO | *If **YES**, do not include in trial* |
| 45. TXA given to participant in previous 48 hours? *(circle one)* | **YES** | NO | *If **YES**, do not include in trial* |
| ***If YES to any of the above, do not include in trial*** | | | |
| **FINAL ELIGIBILITY CHECK** | | | |
| 46. Please review above Screening information and confirm if the participant eligible for the trial? *(circle one)* | YES | **NO** | *If **NO**, do not include in trial* |
| ***If YES to Q.46, and baseline blood sample has been collected, please proceed to RANDOMISATION. If NO, record as Screening failure*** | | | |

## 2. RANDOMISATION

**PRIOR TO RANDOMISATION**

**You must enter all baseline data* from the SCREENING form (Section A to Section E) into the online database to be able to randomise this participant**

**Blood test results should be entered (Section 8) when data becomes available*

**TO RANDOMISE PARTICIPANT**

**Once you have entered the all the required baseline data, please press the 'RANDOMISE' button on the online system to be told what treatment to give. You will need to enter your name and email address to receive the instructions by email.**

| | | | |
|---|---|---|---|
| 1. | Name of person randomising participant? *(first name/last name)* | | *Print name clearly* |
| 2. | Email address of person randomising? | | |
| 3. | **RANDOMISED TO WHICH TREATMENT ARM?** ***(CIRCLE ONE)*** | **A. INTRAVENOUS TXA** | |
| | | **B. INTRAMUSCULAR TXA** | |
| | | **C. ORAL SOLUTION TXA** | |
| | | **D. NONE** | |

| | | | | | |
|---|---|---|---|---|---|
| 4. | Date randomised | *day* | *month* | *year* | |
| 5. | Time randomised *(24-hour clock)* | *hours* | *minutes* | | |

## 3. ADMINISTRATION OF TRIAL INTERVENTION ($T_0$)

**COMPLETE RELEVANT SECTION ONLY**

### SECTION A – INTRAVENOUS ADMINISTRATION

*This participant has been randomised to **INTRAVENOUS ADMINISTRATION OF TRANEXAMIC ACID***
*Please take **TWO** ampoules of 0.5 g/5mL. Draw up both ampoules in **ONE** 10 mL syringe and administer as an intravenous injection at a rate of 1mL per minute. Please ensure relevant blood sample is taken beforehand*

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1. | Study drug administered by *(first name/last name)* | | | | | *Print name clearly* | |
| 2. | Date of administration | *day* | *month* | *year* | 3. Time of administration *(24-hour clock)* | *hours* | *minutes* |
| 4. | Study drug fully administered? *(circle one)* | YES | NO | 4a. | If study drug not fully administered, give reason: | | |

### SECTION B – INTRAMUSCULAR ADMINISTRATION

*This participant has been randomised to **INTRAMUSCULAR ADMINISTRATION OF TRANEXAMIC ACID***
*Please take **TWO** ampoules of 0.5 g/5mL. Draw up **EACH** ampoule **SEPARATELY** in **TWO** 5 mL syringes. Please administer as two separate injections into the upper arm (deltoid), thigh (rectus femoris or vastus lateralis) **or** buttocks (gluteal) muscles, depending on a clinical assessment of muscle mass. Please ensure relevant blood sample is taken beforehand*

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1. | Study drug administered by *(first name/last name)* | | | | | *Print name clearly* | |
| 2. | Date of administration | *day* | *month* | *year* | 3. Time of administration *(24-hour clock)* | *hours* | *minutes* |
| 4. | Study drug fully administered? *(circle one)* | YES | NO | 4a. | If study drug not fully administered, give reason: | | |

| | | | | | |
|---|---|---|---|---|---|
| Site of administration | 5. Injection 1 *(circle one)* | Right deltoid | Right rectus femoris | Right vastus lateralis | Right gluteal |
| | | Left deltoid | Left rectus femoris | Left vastus lateralis | Left gluteal |
| | 6. Injection 2 *(circle one)* | Right deltoid | Right rectus femoris | Right vastus lateralis | Right gluteal |
| | | Left deltoid | Left rectus femoris | Left vastus lateralis | Left gluteal |

| | | | |
|---|---|---|---|
| 7. | Was there any leakage of the drug from either of the injection sites? *(circle one)* | YES | NO |

### SECTION C – ORAL SOLUTION ADMINISTRATION

*This participant has been randomised to **ORAL SOLUTION ADMINISTRATION OF TRANEXAMIC ACID***
*Please take **EIGHT** ampoules of 0.5 g/5mL tranexamic acid. Using a syringe, draw up the contents of **ALL EIGHT** ampoules (total volume 40 mL) and place in a medicine cup. Please ask the woman to drink the whole amount. Participants **MAY BE OFFERED A MOUTHWASH TO GET RID OF THE TASTE.** Please ensure relevant blood sample is taken beforehand*

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1. | Study drug administered by *(first name/last name)* | | | | | *Print name clearly* | |
| 2. | Date of administration | *day* | *month* | *year* | 3. Time of administration *(24-hour clock)* | *hours* | *minutes* |
| 4. | Study drug fully administered? *(circle one)* | YES | NO | 4a. | If study drug not fully administered, give reason: | | |

## 4. MEDICAL AND OBSTETRIC HISTORY

### SECTION A – MATERNAL MEDICAL AND OBSTETRIC HISTORY

| | | | | | |
|---|---|---|---|---|---|
| 1. | Reason for caesarean delivery with current pregnancy? *(circle all that apply)* | | | | |
| | BIRTH DEFECT | CEPHALOPELVIC DISPROPORTION | CORD PROLAPSE | FOETAL POSITION | HYPERTENSION-RELATED |
| | MACROSOMIA | MATERNAL INFECTION | MULTIPLE PREGNANCY | OBSTRUCTION | PLACENTAL ABNORMALITY |
| | PREVIOUS CAESAREAN | OTHER *(specify)* | | | |
| 2. | Gravida | | | *Total number of confirmed pregnancies that the woman has had, regardless of the outcome,* ***inclusive of current pregnancy*** | |
| 3. | Parity | | | *Total number of pregnancies carried to a viable gestational age,* ***inclusive of current pregnancy*** | |
| 4. | Number of foetuses with current pregnancy | | | | |
| 5. | Gestational age of current pregnancy *(weeks)* | | | *Duration of the pregnancy calculated from the first day of the woman's last menstrual period/first scan* | |
| 6. | Previous caesarean section? *(circle one)* | YES | NO | | |
| | a. Number of previous caesarean sections | | | | |
| 7. | Hypertensive disease in pregnancy? *(circle one)* | YES | NO | | |
| | a. If yes, specify | PRE-ECLAMPSIA | ECLAMPSIA | PREGNANCY-INDUCED HYPERTENSION | PRE-EXISTING HYPERTENSION |
| 8. | Diabetes? *(circle one)* | YES | NO | | |
| | a. If yes, specify | TYPE 1 | TYPE 2 | GESTATIONAL | |

### SECTION B – INTRA-UTERINE FOETAL STATUS

| | | | | | |
|---|---|---|---|---|---|
| 9. | Current status of foetus(es)? *(circle one)* | ALL ALIVE | ALL IUD | MULTIPLE PREGNANCY WITH COMBINATION OF STATUSES | |
| 10. | Any foetal abnormalities, congenital or genetic conditions detected? *(circle one)* | YES | NO | | |
| | a. If yes, specify | | | | |
| 11. | Any current foetal distress? *(circle one)* | YES | NO | | |
| | a. If yes, specify | | | | |

## GUIDANCE FOR MATERNAL FOLLOW UP FROM $T_1$ TO $T_8$

***At each time point, please check the below guidance table to confirm what you need to do for each treatment group***

| Time Point | Trial Activity | INTRAVENOUS | INTRAMUSCULAR | ORAL SOLUTION | NO TXA |
|---|---|---|---|---|---|
| **$T_1$** *$T_0$ + 15 min (± 5 min)* | PK | ✓ | ✓ | ✓ | x |
| | Vital signs | ✓ | ✓ | ✓ | ✓ |
| | Assess injection site | x | ✓ | x | x |
| | D-dimer* | x | x | x | x |
| | Full blood count*; Renal function* | x | x | x | x |
| | Record blood products/IV fluids | ✓ | ✓ | ✓ | ✓ |
| | Record anticoagulant meds. given | ✓ | ✓ | ✓ | ✓ |
| | If post CS, assess blood loss | ✓ | ✓ | ✓ | ✓ |
| | Monitor for complications and AEs | ✓ | ✓ | ✓ | ✓ |
| **$T_2$** *$T_0$ + 30 min (± 15 min)* | PK | ✓ | ✓ | ✓ | x |
| | Vital signs | ✓ | ✓ | ✓ | ✓ |
| | Assess injection site | x | ✓ | x | x |
| | D-dimer* | x | x | x | x |
| | Full blood count*; Renal function* | x | x | x | x |
| | Record blood products/IV fluids | ✓ | ✓ | ✓ | ✓ |
| | Record anticoagulant meds. given | ✓ | ✓ | ✓ | ✓ |
| | If post CS, assess blood loss | ✓ | ✓ | ✓ | ✓ |
| | Monitor for complications and AEs | ✓ | ✓ | ✓ | ✓ |
| **$T_3$** *$T_0$ + 1h (± 30 min)* | PK | ✓ | ✓ | ✓ | x |
| | Vital signs | ✓ | ✓ | ✓ | ✓ |
| | Assess injection site | x | ✓ | x | x |
| | D-dimer* | x | x | x | x |
| | Full blood count*; Renal function* | x | x | x | x |
| | Record blood products/IV fluids | ✓ | ✓ | ✓ | ✓ |
| | Record anticoagulant meds. given | ✓ | ✓ | ✓ | ✓ |
| | If post CS, assess blood loss | ✓ | ✓ | ✓ | ✓ |
| | Monitor for complications and AEs | ✓ | ✓ | ✓ | ✓ |
| **Neonatal $T_1$** | Neonatal umbilical sample | ✓ | ✓ | ✓ | ✓ |
| **$T_4$** *$T_0$ + 2h (± 1h)* | PK | ✓ | ✓ | ✓ | x |
| | Vital signs | ✓ | ✓ | ✓ | ✓ |
| | Assess injection site | x | ✓ | x | x |
| | D-dimer* | x | x | x | x |
| | Full blood count*; Renal function* | x | x | x | x |
| | Record blood products/IV fluids | ✓ | ✓ | ✓ | ✓ |
| | Record anticoagulant meds. given | ✓ | ✓ | ✓ | ✓ |
| | If post CS, assess blood loss | ✓ | ✓ | ✓ | ✓ |
| | Monitor for complications and AEs | ✓ | ✓ | ✓ | ✓ |
| **$T_5$** *$T_0$ + 4h (± 1h)* | PK | ✓ | ✓ | ✓ | x |
| | Vital signs | ✓ | ✓ | ✓ | ✓ |
| | Assess injection site | x | ✓ | x | x |
| | D-dimer* | ✓ | ✓ | ✓ | ✓ |
| | Full blood count*; Renal function* | x | x | x | x |
| | Record blood products/IV fluids | ✓ | ✓ | ✓ | ✓ |
| | Record anticoagulant meds. given | ✓ | ✓ | ✓ | ✓ |
| | If post CS, assess blood loss | ✓ | ✓ | ✓ | ✓ |

| *At each time point, please check the below guidance table to confirm what you need to do for each treatment group* | | | | | |
|---|---|---|---|---|---|
| **Time Point** | **Trial Activity** | **INTRAVENOUS** | **INTRAMUSCULAR** | **ORAL SOLUTION** | **NO TXA** |
| | Monitor for complications and AEs | ✓ | ✓ | ✓ | ✓ |
| **$T_6$** *$T_0$ + 8h (±1h)* | PK | ✓ | ✓ | ✓ | x |
| | Vital signs | ✓ | ✓ | ✓ | ✓ |
| | Assess injection site | x | ✓ | x | x |
| | D-dimer* | ✓ | ✓ | ✓ | ✓ |
| | Full blood count*; Renal function* | x | x | x | x |
| | Record blood products/IV fluids | ✓ | ✓ | ✓ | ✓ |
| | If post CS, assess blood loss | ✓ | ✓ | ✓ | ✓ |
| | Record anticoagulant meds. given | ✓ | ✓ | ✓ | ✓ |
| | Monitor for complications and AEs | ✓ | ✓ | ✓ | ✓ |
| **$T_7$** *$T_0$ + 12h (±2h)* | PK | ✓ | ✓ | ✓ | x |
| | Vital signs | ✓ | ✓ | ✓ | ✓ |
| | Assess injection site | x | ✓ | x | x |
| | D-dimer* | ✓ | ✓ | ✓ | ✓ |
| | Full blood count*; Renal function* | x | x | x | x |
| | Record blood products/IV fluids | ✓ | ✓ | ✓ | ✓ |
| | Record anticoagulant meds. given | ✓ | ✓ | ✓ | ✓ |
| | If post CS, assess blood loss | ✓ | ✓ | ✓ | ✓ |
| | Monitor for complications and AEs | ✓ | ✓ | ✓ | ✓ |
| **$T_8$** *$T_0$ + 24h (±2h)* | PK | ✓ | ✓ | ✓ | x |
| | Vital signs | ✓ | ✓ | ✓ | ✓ |
| | Assess injection site | x | ✓ | x | x |
| | D-dimer* | ✓ | ✓ | ✓ | ✓ |
| | Full blood count*; Renal function* | ✓ | ✓ | ✓ | ✓ |
| | **Complete blood products/IV fluids** | ✓ | ✓ | ✓ | ✓ |
| | **Complete anticoagulant meds. given** | ✓ | ✓ | ✓ | ✓ |
| | If post CS, assess blood loss | ✓ | ✓ | ✓ | ✓ |
| | Monitor for complications and AEs | ✓ | ✓ | ✓ | ✓ |
| **Neonatal $T_2$** | Heel prick sample | ✓ | ✓ | ✓ | ✓ |
| ***(*) Record results of these blood tests in Section 8 'Blood Results' when results become available***<br>**PLEASE NOTE: PK samples are not needed for those randomised to NO TXA. Only D-dimer, full blood count and renal function are needed** | | | | | |
| **Day 2 - Day 7** *(daily)* | Vital signs | ✓ | ✓ | ✓ | ✓ |
| | Assess injection site | x | ✓ | x | x |
| | Monitor for complications and AEs | ✓ | ✓ | ✓ | ✓ |
| **Discharge Day 7 or Death** *(whichever occurs first)* | **Complete Blood Results** (Section 8) | ✓ | ✓ | ✓ | ✓ |
| | **Complete Neonatal Outcomes** (Section 9) | ✓ | ✓ | ✓ | ✓ |
| | **Complete Maternal Outcomes** (Section 10) | ✓ | ✓ | ✓ | ✓ |
| | **Finalise reported Adverse Events** (Section 12 & 13) *If none reported, skip* | ✓ | ✓ | ✓ | ✓ |
| | **Get Principal Investigator Sign Off of CRF booklet** (Section 14) | ✓ | ✓ | ✓ | ✓ |

## 5. PHARMACOKINETIC DATA

### PHARMACOKINETIC AND BLOOD SAMPLE DATA – $T_1$ to $T_4$

*Please ensure that Laboratory Log is completed at each blood sample collection*

| Time point | | $T_1$ *$T_0$ + 15 min (± 5 min)* | $T_2$ *$T_0$ + 30 min (± 15 min)* | $T_3$ *$T_0$ + 1h (± 30 min)* | $T_4$ *$T_0$ + 2h (± 1h)* |
|---|---|---|---|---|---|
| Samples required | **PK** | **YES** | **YES** | **YES** | **YES** |
| | **D-dimer** | *NO* | *NO* | *NO* | *NO* |
| | **Full blood count** | *NO* | *NO* | *NO* | *NO* |
| | **Renal function** | *NO* | *NO* | *NO* | *NO* |
| 1. Date sample taken | | *dd/mm/yyyy* | *dd/mm/yyyy* | *dd/mm/yyyy* | *dd/mm/yyyy* |
| 2. Time sample taken *(24-hour clock)* | | *hh:mm* | *hh:mm* | *hh:mm* | *hh:mm* |
| 3. Any issue with sample? *(circle one)* | | YES / NO | YES / NO | YES / NO | YES / NO |
| a. If yes, describe | | | | | |
| 4. If any sample delayed/not taken, record reason *(If sample taken within time range, skip)* | | | | | |
| 5. Taken by *(first name/last name)* | | | | | |

## PHARMACOKINETIC AND BLOOD SAMPLE DATA CONT. – $T_5$ to $T_8$

*Please ensure that Laboratory Log is completed at each blood sample collection*

| Time point | | $T_5$ *$T_0$ + 4h (± 1h)* | $T_6$ *$T_0$ + 8h (±1h)* | $T_7$ *$T_0$ + 12h (±2h)* | $T_8$ *$T_0$ + 24h (±2h)* |
|---|---|---|---|---|---|
| Samples required | **PK** | **YES** | **YES** | **YES** | **YES** |
| | **D-dimer** | **YES (*)** | **YES (*)** | **YES (*)** | **YES (*)** |
| | **Full blood count** | *NO* | *NO* | *NO* | **YES (*)** |
| | **Renal function** | *NO* | *NO* | *NO* | **YES (*)** |
| 1. Date sample taken | | *dd/mm/yyyy* | *dd/mm/yyyy* | *dd/mm/yyyy* | *dd/mm/yyyy* |
| 2. Time sample taken *(24-hour clock)* | | *hh:mm* | *hh:mm* | *hh:mm* | *hh:mm* |
| 3. Any issue with sample? *(circle one)* | | YES / NO | YES / NO | YES / NO | YES / NO |
| a. If yes, describe | | | | | |
| 4. If any sample delayed/not taken, record reason *(If sample taken within time range, skip)* | | | | | |
| 5. Taken by *(first name/last name)* | | | | | |

***(*) Record results of these blood tests in Section 8 'Blood Results' when results become available***

**PLEASE NOTE: PK samples are not needed for those randomised to NO TXA. Only D-dimer, full blood count and renal function are needed**

## 6. MATERNAL VITAL SIGNS

### VITAL SIGNS – $T_1$ to $T_8$

*Please use blood pressure monitors provided. Values reported should be true values, please do not round up or round down.*

| Time point | $T_1$ *$T_0$ + 15 min (± 5 min)* | $T_2$ *$T_0$ + 30 min (± 15 min)* | $T_3$ *$T_0$ + 1h (± 30 min)* | $T_4$ *$T_0$ + 2h (± 1h)* | $T_5$ *$T_0$ + 4h (± 1h)* | $T_6$ *$T_0$ + 8h (±1h)* | $T_7$ *$T_0$ + 12h (±2h)* | $T_8$ *$T_0$ + 24h (±2h)* |
|---|---|---|---|---|---|---|---|---|
| 1. Date measured | *dd/mm/yyyy* | *dd/mm/yyyy* | *dd/mm/yyyy* | *dd/mm/yyyy* | *dd/mm/yyyy* | *dd/mm/yyyy* | *dd/mm/yyyy* | *dd/mm/yyyy* |
| 2. Time measured *(24-hour clock)* | *hh:mm* | *hh:mm* | *hh:mm* | *hh:mm* | *hh:mm* | *hh:mm* | *hh:mm* | *hh:mm* |
| 3. Systolic blood pressure *(mmHg)* | | | | | | | | |
| 4. Diastolic blood pressure *(mmHg)* | | | | | | | | |
| 5. Heart rate *(beats per minute)* | | | | | | | | |
| 6. Respiratory rate *(breaths per minute)* | | | | | | | | |
| 7. Temperature *(°C)* | | | | | | | | |

## VITAL SIGNS CONT. – Day 2 to Day 7

*Please use blood pressure monitors provided. Values reported should be true values, please do not round up or round down.*

| Time point | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |
|---|---|---|---|---|---|---|
| 1. Date | *dd/mm/yyyy* | *dd/mm/yyyy* | *dd/mm/yyyy* | *dd/mm/yyyy* | *dd/mm/yyyy* | *dd/mm/yyyy* |
| 2. Time *(24-hour clock)* | *hh:mm* | *hh:mm* | *hh:mm* | *hh:mm* | *hh:mm* | *hh:mm* |
| 3. Systolic blood pressure *(mmHg)* | | | | | | |
| 4. Diastolic blood pressure *(mmHg)* | | | | | | |
| 5. Heart rate *(beats per minute)* | | | | | | |
| 6. Respiratory rate *(breaths per minute)* | | | | | | |
| 7. Temperature *(°C)* | | | | | | |

## 7. LOCAL INJECTION SITE TOLERABILITY – INTRAMUSCULAR ADMINISTRATION ONLY

### INJECTION SITE 1 – $T_1$ to $T_8$

*The following section should be completed for participants randomised to receive **INTRAMUSCULAR ADMINISTRATION ONLY***

| **Injection Site 1** | | | | *Site name – deltoid/rectus femoris/vastus lateralis/gluteal muscles (left or right) – from Section 3 B, Q.5* | | | | |
|---|---|---|---|---|---|---|---|---|
| **Time point** | **$T_1$** *$T_0$ + 15 min (± 5 min)* | **$T_2$** *$T_0$ + 30 min (± 15 min)* | **$T_3$** *$T_0$ + 1h (± 30 min)* | **$T_4$** *$T_0$ + 2h (± 1h)* | **$T_5$** *$T_0$ + 4h (± 1h)* | **$T_6$** *$T_0$ + 8h (±1h)* | **$T_7$** *$T_0$ + 12h (±2h)* | **$T_8$** *$T_0$ + 24h (±2h)* |
| 1. Date assessed | *dd/mm/yyyy* | *dd/mm/yyyy* | *dd/mm/yyyy* | *dd/mm/yyyy* | *dd/mm/yyyy* | *dd/mm/yyyy* | *dd/mm/yyyy* | *dd/mm/yyyy* |
| 2. Time assessed *(24-hour clock)* | *hh:mm* | *hh:mm* | *hh:mm* | *hh:mm* | *hh:mm* | *hh:mm* | *hh:mm* | *hh:mm* |
| 3. Pain at site of IM injection *(scale of 0-10)* | | | | | | | | |
| 4. Erythema *(tick ONE option only per time point)* | | | | | | | | |
| a. None | | | | | | | | |
| b. Mild, diffuse or spotted | | | | | | | | |
| c. Moderate or intense, uniform | | | | | | | | |
| 5. Induration and subcutaneous (SC) nodule *(tick ONE option only per time point)* | | | | | | | | |
| a. No induration and no palpable SC nodule | | | | | | | | |
| b. Mild, diffuse induration but no palpable SC nodule | | | | | | | | |
| c. Palpable SC nodule <2 cm | | | | | | | | |
| d. Palpable SC nodule ≥ 2 cm | | | | | | | | |
| 6. Bruising *(tick ONE option only per time point)* | | | | | | | | |
| a. None | | | | | | | | |
| b. Bruising present | | | | | | | | |

## INJECTION SITE 1 CONT. – Day 2 to Day 7

*The following section should be completed for participants randomised to receive **INTRAMUSCULAR ADMINISTRATION ONLY***

| **Injection Site 1** | | | *Site name – deltoid/rectus femoris/vastus lateralis/gluteal muscles (left or right) – from Section 3 B, Q.5* | | | |
|---|---|---|---|---|---|---|
| **Time point** | **Day 2** | **Day 3** | **Day 4** | **Day 5** | **Day 6** | **Day 7** |
| 1. Date | *dd/mm/yyyy* | *dd/mm/yyyy* | *dd/mm/yyyy* | *dd/mm/yyyy* | *dd/mm/yyyy* | *dd/mm/yyyy* |
| 2. Time *(24-hour clock)* | *hh:mm* | *hh:mm* | *hh:mm* | *hh:mm* | *hh:mm* | *hh:mm* |
| 3. Pain at site of IM injection *(scale of 0-10)* | | | | | | |
| 4. Erythema *(tick ONE option only per time point)* | | | | | | |
| a. None | | | | | | |
| b. Mild, diffuse or spotted | | | | | | |
| c. Moderate or intense, uniform | | | | | | |
| 5. Induration and subcutaneous (SC) nodules *(tick ONE option only per time point)* | | | | | | |
| a. No induration and no palpable SC nodule | | | | | | |
| b. Mild, diffuse induration but no palpable SC nodule | | | | | | |
| c. Palpable SC nodule <2 cm | | | | | | |
| d. Palpable SC nodule ≥ 2 cm | | | | | | |
| 6. Bruising *(tick ONE option only per time point)* | | | | | | |
| a. None | | | | | | |
| b. Bruising present | | | | | | |

## INJECTION SITE 2 – $T_1$ to $T_8$

*The following section should be completed for participants randomised to receive **INTRAMUSCULAR ADMINISTRATION ONLY***

| **Injection Site 2** | | | | *Site name – deltoid/rectus femoris/vastus lateralis/gluteal muscles (left or right) – from Section 3 B, Q.6* | | | | |
|---|---|---|---|---|---|---|---|---|
| **Time point** | **$T_1$** *$T_0$ + 15 min (± 5 min)* | **$T_2$** *$T_0$ + 30 min (± 15 min)* | **$T_3$** *$T_0$ + 1h (± 30 min)* | **$T_4$** *$T_0$ + 2h (± 1h)* | **$T_5$** *$T_0$ + 4h (± 1h)* | **$T_6$** *$T_0$ + 8h (±1h)* | **$T_7$** *$T_0$ + 12h (±2h)* | **$T_8$** *$T_0$ + 24h (±2h)* |
| 7. Date | *dd/mm/yyyy* | *dd/mm/yyyy* | *dd/mm/yyyy* | *dd/mm/yyyy* | *dd/mm/yyyy* | *dd/mm/yyyy* | *dd/mm/yyyy* | *dd/mm/yyyy* |
| 8. Time *(24-hour clock)* | *hh:mm* | *hh:mm* | *hh:mm* | *hh:mm* | *hh:mm* | *hh:mm* | *hh:mm* | *hh:mm* |
| 9. Pain at site of IM injection *(scale of 0-10)* | | | | | | | | |
| 10. Erythema *(tick ONE option only per time point)* | | | | | | | | |
| a. None | | | | | | | | |
| b. Mild, diffuse or spotted | | | | | | | | |
| c. Moderate or intense, uniform | | | | | | | | |
| 11. Induration and subcutaneous (SC) nodules *(tick ONE option only per time point)* | | | | | | | | |
| a. No induration and no palpable SC nodule | | | | | | | | |
| b. Mild, diffuse induration but no palpable SC nodule | | | | | | | | |
| c. Palpable SC nodule <2 cm | | | | | | | | |
| d. Palpable SC nodule ≥ 2 cm | | | | | | | | |
| 12. Bruising *(tick ONE option only per time point)* | | | | | | | | |
| a. None | | | | | | | | |
| b. Bruising present | | | | | | | | |

## INJECTION SITE 2 CONT. – Day 2 to Day 7

*The following section should be completed for participants randomised to receive **INTRAMUSCULAR ADMINISTRATION ONLY***

| **Injection Site 2** | | | *Site name – deltoid/rectus femoris/vastus lateralis/gluteal muscles (left or right) – from Section 3 B, Q.6* | | | |
|---|---|---|---|---|---|---|
| **Time point** | **Day 2** | **Day 3** | **Day 4** | **Day 5** | **Day 6** | **Day 7** |
| 7. Date | *dd/mm/yyyy* | *dd/mm/yyyy* | *dd/mm/yyyy* | *dd/mm/yyyy* | *dd/mm/yyyy* | *dd/mm/yyyy* |
| 8. Time *(24-hour clock)* | *hh:mm* | *hh:mm* | *hh:mm* | *hh:mm* | *hh:mm* | *hh:mm* |
| 9. Pain at site of IM injection *(scale of 0-10)* | | | | | | |
| 10. Erythema *(tick ONE option only per time point)* | | | | | | |
| a. None | | | | | | |
| b. Mild, diffuse or spotted | | | | | | |
| c. Moderate or intense, uniform | | | | | | |
| 11. Induration and subcutaneous (SC) nodules *(tick ONE option only per time point)* | | | | | | |
| a. No induration and no palpable SC nodule | | | | | | |
| b. Mild, diffuse induration but no palpable SC nodule | | | | | | |
| c. Palpable SC nodule <2 cm | | | | | | |
| d. Palpable SC nodule ≥ 2 cm | | | | | | |
| 12. Bruising *(tick ONE option only per time point)* | | | | | | |
| a. None | | | | | | |
| b. Bruising present | | | | | | |

## 8. BLOOD SAMPLE RESULTS

**RECORD RESULTS AS SOON AS DATA BECOMES AVAILABLE**

### SECTION A – D-DIMER

| Time point | Baseline | | $T_5$ $T_0$ + 4h (± 1h) | | $T_6$ $T_0$ + 8h (±1h) | | $T_7$ $T_0$ + 12h (±2h) | | $T_8$ $T_0$ + 24h (±2h) | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. D-dimer | | | | | | | | | | |
| | *Units* | | *Units* | | *Units* | | *Units* | | *Units* | |

### SECTION B – FULL BLOOD COUNT AND RENAL FUNCTION

| Time point | | Baseline | | $T_8$ $T_0$ + 24h (±2h) | |
|---|---|---|---|---|---|
| 2. | Full blood count | | | | |
| | a. Erythrocyte Count/Red Blood Cells (RBCs) | | | | |
| | | *Units* | | *Units* | |
| | b. Haemoglobin | | | | |
| | | *Units* | | *Units* | |
| | c. Haematocrit/Packed Cell Volume (PCV) | | | | |
| | | *Units* | | *Units* | |
| | d. Mean Corpuscular Volume (MCV) | | | | |
| | | *Units* | | *Units* | |
| | e. Mean Corpuscular Haemoglobin (MCH) | | | | |
| | | *Units* | | *Units* | |
| | f. Mean Corpuscular Haemoglobin Concentration (MCHC) | | | | |
| | | *Units* | | *Units* | |
| | g. Total Leucocyte Count (TLC) | | | | |
| | | *Units* | | *Units* | |
| | h. Polymorphs/Neutrophils | | | | |
| | | *Units* | | *Units* | |
| | i. Lymphocytes | | | | |
| | | *Units* | | *Units* | |
| | j. Monocytes | | | | |
| | | *Units* | | *Units* | |
| | k. Eosinophils | | | | |
| | | *Units* | | *Units* | |
| | l. Platelet count | | | | |
| | | *Units* | | *Units* | |
| 3. | Renal function | | | | |
| | a. Serum Creatinine | | | | |
| | | *Units* | | *Units* | |
| | b. Serum Urea | | | | |
| | | *Units* | | *Units* | |
| | c. Estimated Glomerular Filtration Rate (eGFR) *(mL/min/1.73 m²)* | | | | |

## 9. NEONATAL OUTCOMES

### SECTION A – STATUS OF BABY/IES

| | | | | |
|---|---|---|---|---|
| 1. Number of babies delivered | | | *Both alive and stillborn* | |
| **Baby number by order of birth** | **01** | | **02** | |
| 2. Status at **birth** *(circle one)* | ALIVE | DEAD | ALIVE | DEAD |
| 3. Status at **discharge/Day 7** *(circle one)* | ALIVE | DEAD | ALIVE | DEAD |
| **Death within 7 days, or any untoward medical events thought to be associated with the trial treatment must be reported as an Adverse Event using the Neonatal Adverse Event Form. *For Baby 01 use Section 12; for Baby 02 use Section 13*** | | | | |
| 4. Date of delivery | *dd/mm/yyyy* | | *dd/mm/yyyy* | |
| 5. Time of delivery *(24-hour clock)* | *hh:mm* | | *hh:mm* | |
| 6. Birth weight *(grams)* | | | | |
| 7. Sex *(circle one)* | MALE | FEMALE | MALE | FEMALE |
| *Please complete Q.8 and Q.9 only if baby is alive at delivery* | | | | |
| 8. APGAR Score | a. 1 min | b. 5 min | a. 1 min | b. 5 min |
| | | | | |
| 9. Any medical issues identified at birth? *(circle one)* | YES | NO | YES | NO |
| a. If yes, describe | | | | |

## SECTION B – NEONATAL BLOOD SAMPLES

| **Baby number by order of birth** | **01** | | **02** | |
|---|---|---|---|---|
| *UMBILICAL CORD SAMPLE (Neonatal $T_1$) – to be taken immediately after cord clamp* | | | | |
| 10. Date sample taken | *dd/mm/yyyy* | | *dd/mm/yyyy* | |
| 11. Time sample taken *(24-hour clock)* | *hh:mm* | | *hh:mm* | |
| 12. Any issue with sample? *(circle one)* | YES | NO | YES | NO |
| a. If yes, describe | | | | |
| 13. Taken by *(first name/last name)* | | | | |
| *HEEL PRICK SAMPLE (Neonatal $T_2$) – to be taken at routine heel prick testing, within 24 hours of birth. If baby has died, skip Q.14 – Q.17* | | | | |
| 14. Date sample taken | *dd/mm/yyyy* | | *dd/mm/yyyy* | |
| 15. Time sample taken *(24-hour clock)* | *hh:mm* | | *hh:mm* | |
| 16. Any issue with sample? *(circle one)* | YES | NO | YES | NO |
| 17. Taken by *(first name/last name)* | | | | |
| | **01** | | **02** | |
| 18. If either sample delayed/ not taken, please record reason *(If sample taken within time range, skip)* | | | | |

## 10. MATERNAL OUTCOMES

### SECTION A – PROCEDURE

| *Pre-delivery – from time of administration of TXA ($T_0$) to first incision* | | | | |
|---|---|---|---|---|
| 19. Type of anaesthesia *(circle one)* | REGIONAL | GENERAL | *Record only one type of anaesthetic – if procedure began under regional anaesthetic but later required General anaesthetic, record as 'General'* | |
| 20. Date of anaesthesia | *day* | *month* | *year* | |
| 21. Time of anaesthesia *(24-hour clock)* | *hours* | *minutes* | | |
| 22. Date of first incision | *day* | *month* | *year* | |
| 23. Time of first incision *(24-hour clock)* | *hours* | *minutes* | | |

### SECTION B – INTRA-OPERATIVE AND POST-OPERATIVE BLOOD LOSS

| | | |
|---|---|---|
| 24. Intra-operative blood loss *(ml)* | | *Total blood loss as measured by surgical swab weight and blood from suctioning (excl. amniotic fluid) from time of first incision to end of surgery* |
| 25. Post-operative blood loss *(ml)* | | *Total volume of blood collected from calibrated obstetric drape in 2 hours following end of caesarean section surgery* |

### SECTION C – INTERVENTIONS

| *Management and interventions administered **after time of first incision*** | | | | | |
|---|---|---|---|---|---|
| 26. Uterotonics given? *(circle one)* | YES | NO | *For active management of the 3rd stage of labour **only*** | | |
| 27. Controlled cord traction performed for placental removal? *(circle one)* | YES | NO | | | |
| 28. Other interventions given? *(circle one)* | YES | NO | | | |
| a. If yes, specify | | | | | |
| 29. Uterotonics given AFTER active management of 3rd stage completed? *(circle one)* | YES | NO | | | |
| a. If yes, specify *(circle all that apply)* | OXYTOCIN | ERGOMETRINE | MISOPROSTOL | PROSTAGLANDINS | |
| | OTHER *(specify)* | | | | |
| b. Reason for use | | | | | |
| 30. Any additional surgical interventions after completion of caesarean section? *(circle one)* | YES | NO | *Any subsequent surgical procedure conducted after closure of initial caesarean incision. If NO, go to Section D* | | |
| a. If yes, specify | | | | | |

## SECTION D – CLINICAL DIAGNOSIS OF POSTPARTUM HAEMORRHAGE

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 31. | Was the woman diagnosed with primary postpartum haemorrhage? *(circle one)* | | | YES | NO | *Defined as total blood loss ≥1000 ml or any blood loss sufficient to cause haemodynamic instability or requires further treatment. If NO, go to Section E* | |
| 32. | Date of diagnosis | *day* | *month* | *year* | 33. Time of diagnosis *(24-hour clock)* | *hours* | *minutes* |
| 34. | Total estimated blood loss at time of PPH diagnosis *(ml)* | | | | | | |

## SECTION E – MEDICATIONS THAT MAY AFFECT COAGULATION

*Given within first 24 hours of administration of trial treatment ($T_0$)*

| | | | | |
|---|---|---|---|---|
| 35. | Did the patient receive any medications that may affect coagulation between administration of trial drug ($T_0$) and final blood sample ($T_8$)? *(circle one)* | YES | NO | *e.g. open label TXA, heparin, warfarin, aspirin, vitamin K, protamine, fibrinogen* |

| | If yes, medication name (generic) *(list all given)* | **Date** | **Time** *(24-hour clock)* | **Dose** *(incl. units)* | **Route of administration** | **Reason for use** |
|---|---|---|---|---|---|---|
| 1 | | *dd/mm/yyyy* | *hh:mm* | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

*Additional pages available in the Investigator Site File if needed*

## SECTION F – BLOOD PRODUCTS AND INTRAVENOUS FLUIDS

*Given within first 24 hours of administration of trial treatment ($T_0$) – please include any fluids used to administer uterotonics*

| | | | | |
|---|---|---|---|---|
| 36. | Blood products or intravenous fluids given in first 24 hours after administration of trial treatment? *(circle one)* | YES | NO | *If yes, list all whole blood, red cells, platelets, fresh frozen plasma, cryoprecipitate and fluids given below (a row per unit given) - additional pages available in the Investigator Site File if needed* |

| | If yes, blood product/intravenous fluid given *(list all given, including part units)* | **Volume** *(incl. units)* | **Start** | |
|---|---|---|---|---|
| | | | **Date** | **Time** *(24-hour clock)* |
| 1 | | | *dd/mm/yyyy* | *(hh:mm)* |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | |

*Additional pages available in the Investigator Site File if needed*

## SECTION H – COMPLICATIONS

*Record all events occurring from point of TXA administration ($T_0$) to discharge, 7 days after randomisation, or death, whichever occurs first*

| PRE-SPECIFIED ADVERSE EVENTS | | | |
|---|---|---|---|
| 37. Nausea *(circle one)* | YES | NO | |
| 38. Vomiting *(circle one)* | YES | NO | |
| 39. Diarrhoea *(circle one)* | YES | NO | |
| 40. Dizziness *(circle one)* | YES | NO | |
| 41. Seizures *(circle one)* | YES | NO | |
| **VASCULAR OCCLUSIVE EVENTS** | | | |
| 42. Pulmonary embolism *(circle one)* | YES | NO | *As confirmed by radiological examination only* |
| 43. Deep vein thrombosis *(circle one)* | YES | NO | *As confirmed by either ultrasound or radiological examination only* |
| 44. Stroke *(circle one)* | YES | NO | *New focal neurological deficit with signs and symptoms lasting more than 24 hours only* |
| 45. Myocardial infarction *(circle one)* | YES | NO | *ECG showing unequivocal pathological Q waves and/or ST segment elevation or depression in serial recordings* <u>or</u> *History of typical or atypical angina pectoris, together with equivocal changes on the ECG and elevated enzymes* <u>or</u> *Fatal case, whether sudden or not, with naked-eye appearances of fresh MI and/or recent coronary occlusion at necropsy (ante-mortem thrombus, haemorrhage into an atheromatous plaque or embolism)* |

**Death within 7 days, or any complication not listed above thought to be associated with the trial treatment must be reported using the <u>Maternal Adverse Event Form</u> *(Section 11)***

## SECTION I – MATERNAL STATUS AT END OF TRIAL

| 46. Maternal outcome (*circle one*) | DISCHARGED | *Complete Q.47 and Q.48* |
|---|---|---|
| | STILL IN HOSPITAL AT DAY 7 | *Complete Q.49* |
| | DIED | **COMPLETE ADVERSE EVENT FORM** |

| *If participant discharged:* | | | | |
|---|---|---|---|---|
| 47. Date of discharge | *day* | *month* | *year* | |
| 48. Time of discharge *(24-hour clock)* | *hours* | *minutes* | | |
| *Still in hospital at Day 7:* | | | | |
| 49. Date at Day 7 | *day* | *month* | *year* | |

## SECTION J – PERSON COMPLETING FOLLOW-UP FORM

| 50. Completed by *(first name/last name)* | | | | *Print name clearly* |
|---|---|---|---|---|
| 51. Date completed | *day* | *month* | *year* | |
| 52. Time completed *(24-hour clock)* | *hours* | *minutes* | | |
| 53. Signature *(person completing form)* | | | | |

## 11. MATERNAL ADVERSE EVENTS

**Use this form to record any Adverse Events reported in the mother (and not already collected as an outcome). See Protocol Section 9 and guidance in the ISF**

| A. IS THE EVENT DUE TO PROGRESSION OF UNDERLYING ILLNESS? | B. SERIOUSNESS | C. RELATIONSHIP TO TRIAL INTERVENTION (causality) | D. IF NOT SUSPECTED (2) AT C, POSSIBLE ALTERNATIVE CAUSE: | E. OUTCOME* |
|---|---|---|---|---|
| 1. Yes<br>2. No | 1. Non-serious<br>**Serious**<br>2. Patient died<br>3. Involved or prolonged in-patient hospitalisation<br>4. Results in persistent or significant disability/incapacity<br>5. Life-threatening<br>6. Other, medically important | 1. Suspected to be related – *if yes, provide reason why*<br>2. Not suspected to be related | 1. Basic disease/pre-existing condition<br>2. Intercurrent disease<br>3. Concomitant medication<br>4. Non-drug therapy/intervention<br>5. Prior to randomisation<br>6. Other non-drug cause, specify | 1. Recovered<br>2. Recovered with sequelae<br>3. Condition improving<br>4. Condition still present and unchanged<br>5. Condition deteriorated<br>6. Death<br><br>***Only complete Column E and Date of outcome on final review of patient/event** |
| | **If 2-6 selected, complete SAE form** | | | |

| AE ID | Adverse Event | A | Start date of event *(dd/mm/yyyy)* | B | C | D | E | Date of outcome (if ongoing, leave blank) *(dd/mm/yyyy)* | Date reported *(dd/mm/yyyy)* | Person reporting *(full name)* |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |
| 8 | | | | | | | | | | |

**Additional pages available in the Investigator Site File if needed**

## 12. NEONATAL ADVERSE EVENTS – BABY 01

| Participant ID | | - | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Baby 01 | | - | | | | - | 0 | 1 |

Use this form to record any Adverse Events reported **in the neonate** (and not already collected as an outcome). See Protocol Section 9 and guidance in the ISF

| A. IS THE EVENT DUE TO PROGRESSION OF UNDERLYING ILLNESS? | B. SERIOUSNESS | C. RELATIONSHIP TO TRIAL INTERVENTION (causality) | D. IF NOT SUSPECTED (2) AT C, POSSIBLE ALTERNATIVE CAUSE: | E. OUTCOME* |
|---|---|---|---|---|
| 1. Yes<br>2. No | 1. Non-serious<br>**Serious**<br>2. Patient died<br>3. Involved or prolonged in-patient hospitalisation<br>4. Results in persistent or significant disability/incapacity<br>5. Life-threatening<br>6. Other, medically important | 3. Suspected to be related – *if yes, provide reason why*<br>4. Not suspected to be related | 1. Basic disease/pre-existing condition<br>2. Intercurrent disease<br>3. Concomitant medication<br>4. Non-drug therapy/intervention<br>5. Prior to randomisation<br>6. Other non-drug cause, specify | 7. Recovered<br>8. Recovered with sequelae<br>9. Condition improving<br>10. Condition still present and unchanged<br>11. Condition deteriorated<br>12. Death<br><br>***Only complete Column E and Date of outcome on final review of patient/event** |
| | **If 2-6 selected, complete SAE form** | | | |

| AE ID | Adverse Event | A | Start date of event *(dd/mm/yyyy)* | B | C | D | E | Date of outcome (if ongoing, leave blank) *(dd/mm/yyyy)* | Date reported *(dd/mm/yyyy)* | Person reporting *(full name)* |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
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**Additional pages available in the Investigator Site File if needed**

## 13. NEONATAL ADVERSE EVENTS – BABY 02

| Participant ID | | - | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Baby 02 | | - | | | | - | 0 | 2 |

Use this form to record any Adverse Events reported **in the neonate** (and not already collected as an outcome). See Protocol Section 9 and guidance in the ISF

| A. IS THE EVENT DUE TO PROGRESSION OF UNDERLYING ILLNESS? | B. SERIOUSNESS | C. RELATIONSHIP TO TRIAL INTERVENTION (causality) | D. IF NOT SUSPECTED (2) AT C, POSSIBLE ALTERNATIVE CAUSE: | E. OUTCOME* |
|---|---|---|---|---|
| 1. Yes<br>2. No | 1. Non-serious<br>**Serious**<br>2. Patient died<br>3. Involved or prolonged in-patient hospitalisation<br>4. Results in persistent or significant disability/incapacity<br>5. Life-threatening<br>6. Other, medically important | 5. Suspected to be related – *if yes, provide reason why*<br>6. Not suspected to be related | 1. Basic disease/pre-existing condition<br>2. Intercurrent disease<br>3. Concomitant medication<br>4. Non-drug therapy/intervention<br>5. Prior to randomisation<br>6. Other non-drug cause, specify | 7. Recovered<br>8. Recovered with sequelae<br>9. Condition improving<br>10. Condition still present and unchanged<br>11. Condition deteriorated<br>12. Death<br><br>***Only complete Column E and Date of outcome on final review of patient/event** |
| | **If 2-6 selected, complete SAE form** | | | |

| AE ID | Adverse Event | A | Start date of event *(dd/mm/yyyy)* | B | C | D | E | Date of outcome (if ongoing, leave blank) *(dd/mm/yyyy)* | Date reported *(dd/mm/yyyy)* | Person reporting *(full name)* |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
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**Additional pages available in the Investigator Site File if needed**

## 14. PRINCIPAL INVESTIGATOR CERTIFICATION

**PLEASE REVIEW CRF BOOKLET AND COMPLETE BELOW ONCE ALL DATA HAS BEEN COMPLETED**

| I certify, as Principal Investigator, that all information present in this CRF booklet accurately reflects the medical records, including the results of tests and evaluations performed on the dates specified | | |
|---|---|---|
| **PI Full Name** | **PI Signature** | **Date** *(dd/mm/yyyy)* |