PART A: IDENTIFYING DETAILS

Name of Hospital: ....

Name of Randomising Clinician: ....

Mother's Family Name: .... Given Name(s): ....

Mother's Address: ....

Telephone Number: .... NHS Number: ....

Date of Birth (dd/mmm/yyyy): ..... / ..... / ....   Hospital Number ....

Ethnic Group	········· **White** ·············		**Black / Black British**	
(tick one only)	British	☐	Caribbean	☐
	Irish	☐	African	☐
	Other White	☐	Other Black	☐

Asian / Asian British		**Mixed**		**Chinese or Other Ethnic Group**	
Indian	☐	Mixed White/ Black Caribbean	☐	Chinese	☐
Pakistani	☐	Mixed White/ Black Africa n	☐	Any Other	☐
Bangladeshi	☐	Mixed White/ Asian	☐		
Other Asian	☐	Other Mixed Background	☐	Not given	☐

PART B: PREGNANCY DETAILS

Singleton pregnancy   Yes ☐   No ☐   Maternal BMI ....   EDD: ...../....../......

Gestational age at diagnosis by scan: ....weeks   Sex: Male ☐   Female ▨

Liquor volume by MPD: ....cm   Date MPD determined ..../......./....

High resolution ultrasound performed and recorded   Yes ☐   No ▨   Date of scan ...../....../....

Urine sample taken and stored at -80°C   Yes ☐   No ☐   Date of sample .../...../....

Evidence of isolated bladder outflow obstruction   Yes ☐   No ▨

Fetus Viable   Yes ☐   No ▨   Major structural abnormality   Yes ▨   No ☐

Major chromosomal abnormalities   Yes ▨   No ☐

Bladder wall thick   Yes ☐   No ☐

	Left	**Right**	**Optional Assessments**		
			Performed? Y ☐ ☐		
Renal pelvic dilation transverse	...........mm	...........mm	Urinary calcium	........mmol/L	
Longitudinal renal length	...........mm	.............mm	Urinary sodium	........mmol/L	
Renal cysts	Yes ☐ No ☐	Yes ☐ No ☐	Urinary β2microglubulin	........mg/L	

Has the mother given written informed consent?

Yes to the PLUTO TRIAL ☐   Yes to the PLUTO REGISTRY ☐   No (ineligible) ▨

Are you substantially uncertain as to whether to shunt or not?

Yes, I will randomise ☐   No, I elect to shunt ☐   No, I elect conservative management ☐

All questions must be answered and no shaded boxes ticked in order to be eligible for PLUTO randomisation.
All other viable pregnancies where the mother gives consent (no red shaded boxes ticked) are eligible for the PLUTO Registry

PART C TREATMENT ALLOCATION When all questions complete, phone 0800 953 0274 or go to website

RANDOMISATION into PLUTO Trial   Shunt insertion ☐   Conservative Management ☐

ENTERED PLUTO Registry ☐

PLUTO NUMBER ☐☐☐☐   Date of randomisation/registration: .... / .... / ....