**Baby** **is on WITHHOLD feeds arm** of the WHEAT Trial | IRAS 309894

If blood transfusion is needed, please **hold** enteral feeds:

* **4 hrs** **before** transfusion
* **4 hrs** **during** transfusion
* **4 hrs** **after** transfusion

 For questions, contact [SITE PI XXX] on [PI Number XXX]

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**Guidance – remove before printing:**

**Apply these stickers to any paper medical records once an eligible infant is randomised to the WITHHOLD ARM.**

**Localise the fields highlighted in yellow with your site PI and contact number.**

**The QR code links to the trial website for further information on the WHEAT Trial.**

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