Confirmation of Eligibility: France Site

Screening No. ☐☐☐

Inclusion Criteria		YES	NO
At risk for thromboembolism for <u>ONE</u> of the following reasons:			
1.	**Known inherited thrombophilia** (diagnosed prior to enrolment) ☐ Heterozygous factor V Leiden ☐ Heterozygous prothrombin gene variant ☐ Protein C deficiency ☐ Protein S deficiency	☐	☐
2.	**Antepartum immobilization (strict bedrest) for ≥7 days at any time during pregnancy**	☐	☐
<u>OR</u> At risk for thromboembolism for any <u>TWO</u> of the following reasons:			
3.	**Pre-pregnancy BMI ≥30 kg/m^2**	☐	☐
4	**Smoking ≥5 cigarettes/day pre-pregnancy**	☐	☐
5.	**Previous clinical history of superficial vein thrombosis**	☐	☐
6.	**Pre-eclampsia** *(blood pressure ≥140 and/or 90 mmHg on at least one occasion <u>and</u> proteinuria of ≥0.3 grams/24 hours or ≥30 mg/mmol in a random urine sample)*	☐	☐
7.	**Current pregnancy ending in stillbirth** *(pregnancy loss >20 weeks gestation)*	☐	☐
8.	**Emergency cesarean delivery** *(emergency = not previously planned)*	☐	☐
9.	**Small-for-gestational-age infant at time of delivery** *(<3rd percentile adjusted for gestational age and sex)*	☐	☐
10.	**Postpartum infection** (*temperature ≥38.3°C <u>and</u> elevated WBC <u>or</u> neutrophil count <u>or</u> positive blood cultures)*	☐	☐
11.	**Postpartum hemorrhage** *(>1000 mL of blood loss, regardless of delivery mode)*	☐	☐

Exclusion Criteria		YES	NO
1.	**More than 48 hours since delivery of the placenta at the time of randomization**	☐	☐
2.	**Received more than 2 doses of LMWH since delivery of the placenta**	☐	☐
3.	**Need for postpartum LMWH prophylaxis or systemic anticoagulation as judged by the local investigator. May include but is not limited to the conditions below. If yes, please specify:** ☐ Documented history of provoked or unprovoked VTE ☐ Mechanical heart valve(s) ☐ Known antiphospholipid syndrome (APS) ☐ Known high-risk inherited thrombophilia ☐ Antithrombin deficiency ☐ Homozygous factor V Leiden ☐ Homozygous prothrombin gene mutation ☐ Compound heterozygosity factor V Leiden and prothrombin gene mutation ☐ More than 1 thrombophilia: any combination of 2 or more: factor V Leiden, prothrombin gene mutation, protein C deficiency, protein S deficiency, antithrombin deficiency ☐ Other: _____	☐	☐
4.	**Need for postpartum ASA as judged by the local investigator. May include but is not limited to:** ☐ Documented history of myocardial infarction ☐ Documented history of ischemic stroke or transient ischemic attack (TIA) ☐ Other: _____	☐	☐
5.	**History of known ASA allergy**	☐	☐
6.	**Documented history of a gastrointestinal ulcer**	☐	☐
7.	**Known platelet count <50 x 10^9/L at any time during the current pregnancy or postpartum**	☐	☐
8.	**Active bleeding at any site, excluding normal vaginal bleeding, at the time of randomization**	☐	☐
9.	**Most recent known hemoglobin ≤70 g/L documented during the current pregnancy or postpartum**	☐	☐
10.	**Known severe hypertension (SBP >200 mmHg and/or DBP >120 mmHg) during the current pregnancy or postpartum**	☐	☐
11.	**Known severe hepatic dysfunction**	☐	☐
12.	**Known severe renal dysfunction**	☐	☐
13.	**Known severe bleeding disorder/coagulopathy**	☐	☐
14.	**Known severe heart failure**	☐	☐
15.	**History of a hemorrhagic cerebrovascular accident (CVA)**	☐	☐
16.	**<18 years of age**	☐	☐
17.	**Unable to give or refused consent**	☐	☐

Eligibility Criteria		YES	NO
1.	**All eligibility criteria have been met and the subject will be enrolled into the study**	☐	☐
2.	**Version date of the consent form signed by subject:**	D D M M M Y Y Y Y	

Please review with the Investigator/Co-Investigator prior to randomization:

I _____ (Investigator/Co-Investigator) confirm that I have reviewed all relevant reports, results and annotations and find the potential subject to meet all eligibility criteria. This subject may be randomized to the pilot PARTUM trial.

_____ D D M M M Y Y Y Y

Investigator/Co-Investigator Signature Date