Neonatal inter-hospital transport: Clinical information sharing and condition of neonates transferred to a tertiary hospital in Rwanda (Questionnaire 2)

Dear colleague,

You are invited to participate in this research project by filling out this online questionnaire.
• This is the SECOND of two questionnaires. There will be no further opportunities to participate.
• It will take you approximately 15 minutes to complete this form.
• By completing this questionnaire, you are giving your consent to participate in this research project

I. ABOUT THIS RESEARCH PROJECT

Title: Neonatal inter-hospital transport: Clinical information sharing and condition of neonates transferred to a tertiary hospital in Rwanda.

Aim: This study aims to identify the Core Clinical Information (CCI) that should be provided to a referral centre when transferring a sick neonate and to determine baseline outcomes of neonates referred to one of four tertiary hospitals in Rwanda.

Methods: This study has two dependent stages.

The first stage will help get a consensus based list of Core Clinical Information items using Delphi technique;
Round 1 - Completed already. Identifying Core Clinical Information from other hospitals around the world.
Round 2 - Completed already. You were presented previously with information from Round 1 and asked to comment

Round 3 - This questionnaire. We will give you feedback from Round 2 and ask you to score items.

The research is most valid if you complete both rounds and the final CCI list will developed based on these three rounds. However, if you did not participate in Round 2 you can still take part in this round.

The second stage is a cross-sectional, longitudinal study that will help compare the existing referral forms contents with the already designed CCI list (result of stage 1) and gather neonate's demographic and clinical information at the receiving hospital at arrival (using a paper based questionnaire) and key outcomes during the first 7 days of admission. You will not be asked to participate in this stage of the study.

Risks: The methods used involve minimal risk.

Potential benefits: This study will help have a standard CCI list to improve communication for referred sick neonates in Rwanda

Confidentiality: All information will be kept confidential and only the initials of your names and the year of birth will be required from you to help us with statistics.

Right to Refuse or Withdraw: The decision to participate in this study is entirely up to you. You may refuse to take part in the study at any time without affecting your relationship with the investigators of this study.

II.CONTACT INFORMATION
If any question related to this research project, feel free to contact any of these persons:

1. Dr Oscar Mwizerwa (Pediatric Resident, Principal Investigator): (+250)783 333 438, Email : mosenga2000@gmail.com
2. Dr Christian Umuhoza (Pediatrician, Supervisor) : (+250)788 753 718, Email : crissumuh@yahoo.fr
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5. Prof. Jean Bosco Gahutu (Vice-Chair of IRB committee), (+250)783340040, Email:jbgahutu@yahoo.com

* Required

1. I have read this information sheet and give my consent to participate in this study *

Mark only one oval.

- Yes
- No

About you

Here you will be asked to provide some information about your current work status:

2. Your initials (this is to help us know which subjects took part in both rounds) *

3. Year of birth (this is to help us know which subjects took part in both rounds) *

_____

4. Level of Expertise *

Mark only one oval.

- ◯ Neonatologist
- ◯ Pediatric subspecialist (non-neonatologist)
- ◯ General Pediatrician
- ◯ Senior Resident (PG3-PG4)
- ◯ General Practitioner
- ◯ Other: _____

5. Your current place of work *

Mark only one oval.

- ◯ RWANDA
- ◯ USA
- ◯ United Kigndom
- ◯ Burundi
- ◯ Uganda
- ◯ Kenya
- ◯ Other: _____

6. Your current PRIMARY place of work? *

Mark only one oval.

- ◯ Tertiary hospital
- ◯ District Hospital
- ◯ Private health clinic (outpatients)
- ◯ Other: _____

7. Your work status *

Mark only one oval.

- ◯ Full time
- ◯ Part time
- ◯ Retired
- ◯ Other: _____

8. In which country have you gained your medical degree (i.e. MD or MBBS)? *

Mark only one oval.

- ◯ Rwanda
- ◯ USA
- ◯ United Kigndom
- ◯ Uganda
- ◯ Burundi
- ◯ Algeria
- ◯ Other: _____

9. Your year of gaining medical degree (I.e. MD or MBBS)? *

_____

10. Do you / did you treat neonates who required transfer? *

Mark only one oval.

- ◯ Yes
- ◯ No

Instructions

We want you imagine that you are either transferring-out or receiving-in a sick neonate who is being transferred between facilities in a resource-limited setting (e.g. Rwanda). Ask yourself, what is the "Core Clinical Information" that I would need to care for this neonate in the receiving hospital?

You will be asked to score all items between 1 to 9 and how important this item would be for you to care for the transferred newborn; where 1 is unimportant and 9 is important. Consensus is agreed if >70% of participants report an item to be "important" (scores 7-9) AND <15% of participants report an item to be "unimportant" (1-3).

You will be presented with eight sections:
1. Hospital details
2. Patient Identification
3. Clinical history at referral
4. Maternal medical and antenatal history
5. Labor details
6. Neonatal past medical history
7. Management at the referring hospital
8. Miscellaneous

In Round 1 of this Delphi study we identified 16 Neonatal Referral Forms (NRFs) from around the world. We have therefore combined these to present you with a list of items for each section. Each item will be presented with the proportion of forms that included this item, e.g. "Date/time of referral (81%)". This item was included in 81% of the 16 NRFs we found.

In round 2, participants have suggested 32 new items to be included. Consensus was pre-defined as items suggested by two or more participants. 12 of these met this criteria and will be presented to you.

1. Hospital details (Introduction)

How important do you think the following items are for the Core Clinical Information (CCI) list while caring for a transferred neonate ?

11. Date/time of referral (81%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

12. Pre-transfer communication undertaken (if Yes who and when? or NO) (56%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

13. Type of transfer (acute, elective, parental request) (38%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

14. Name of referring hospital (94%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

15. Referring clinician (name, qualification, phone number) (94%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

16. Accepting clinician (name, qualification, phone number) (38%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

17. Accepting Hospital details (name, Ward, Bed Number) (19%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

18. Reason / Benefits for transfer (19%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

19. Mode of transfer/transport (ambulance, private car, KMC etc) (50%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

2. Patient Identification

How important do you think the following items are for the Core Clinical Information (CCI) list while caring for a transferred neonate ?

20. Patient name (81%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

21. Hospital ID (56%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

22. Gender (69%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

23. Date of Birth (age) (75%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

24. Place of birth (Home, Private facility, Public center, en-route) (13%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

25. Birth weight (kg) (75%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

26. Gestational age (weeks) (56%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

27. Current weight (kg) (50%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

28. Current age (day of life) (56%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

29. Insurance coverage (NEW ITEM - suggested by 6 participants) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

30. Religion of the caregiver (NEW ITEM - suggested by 2 participants) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

3. Clinical history at time of transfer

How important do you think the following items are for the Core Clinical Information (CCI) list while caring for a transferred neonate ?

31. Working diagnosis at transfer (69%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

32. Clinical condition of newborn prior to transfer (44%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

33. Clinical adverse events during the last 24 hrs (bradycardia, apnea, seizures, desaturation , resuscitation etc) (19%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

34. Summary of clinical course at the refering facility (NEW ITEM - suggested by 4 participants) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

4. Maternal medical and antenatal history

How important do you think the following items are for the Core Clinical Information (CCI) list while caring for a transferred neonate ?

35. Mother's name (31%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

36. Mother's phone number (13%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

37. Mother's age/DOB (25%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

38. Obstetric formula (Gravida, Parity, Deaths, Abortions, live children) (44%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

39. Type of pregnancy (single, twin, triplet..) (6%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

40. Last Normal Menstrual Period (LMP) (19%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

41. Estimated date of delivery by dates (EDD) (19%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

42. Number of antenatal visits (25%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

43. Maternal Blood group & Rhesus (19%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

44. Maternal HIV Status (if positive: Regimen, Recent viral load & CD4 count) (25%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

45. Antenatal screening (Toxo, Rubella, HepB&C, Syphilis) (13%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

46. Pathologies during this pregnancy (Anemia, Preeclampsia,TB, DM, Asthma, Infections & others) (19%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

47. Treatment received during pregnancy (6%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

48. Tetanus vaccination during pregnancy (NEW ITEM - suggested by 2 participants) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

49. Obstetric ultrasound (NEW ITEM - suggested by 3 participants) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

50. All maternal lab copies or summary (NEW ITEM - suggested by 2 participants) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

51. Maternal alcohol history (NEW ITEM - suggested by 3 participants) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

52. Maternal smoking history (NEW ITEM - suggested by 2 participants) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant										Important

53. Maternal illicit drugs history (NEW ITEM - suggested by 2 participants) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant										Important

5. Labor details

How important do you think the following items are for the Core Clinical Information (CCI) list while caring for a transferred neonate ?

54. Onset (time) (6%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant										Important

55. Duration (hours) (6%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant										Important

56. Steroids given (doses and time of last dose) (31%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

57. Rupture of membrane time (19 %) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

58. Amniotic fluid quality (clear , meconium stained, estimated quantity) (19%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

59. Presentation (cephalic, breech, ...) (6%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

60. Temperature before/during/after labor (19%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

61. Fetal Distress (NRFHR) (13%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

62. Magnesium sulphate given in labor (13%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

63. Any other drugs prior/during labor (Antibiotics, Oxytocin,...) (25%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

64. Mode of delivery (Spontaneous vaginal, Breech, Assisted vaginal, Caesarian and indication + type of anesthesia etc) (25%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

65. Labor complications (PPH, Previa, Abruptio,..) (NEW ITEM - suggested by 2 participants) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

66. Maternal Anaesthesia, sedative and/or painkillers given (NEW ITEM - suggested by 4 participants) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

6. Neonatal past medical history

How important do you think the following items are for the Core Clinical Information (CCI) list while caring for a transferred neonate ?

67. APGAR score at 1st min , 5th min (63%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

68. APGAR score at 10 minutes (NEW ITEM - suggested by 5 participants) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

69. Resuscitation at birth (No action or Stimulation or Suctioned or Oxygen or Mask Ventilation or Endotracheal Ventilation or Chest compressions) (38%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

70. Drugs history at birth (Vitamin K injection (single dose), Tetracycline eye ointment, Surfactant or Immunizations or Other drugs at birth or Allergies) (38%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

71. Distress indicators (Venous cord pH, Arterial cord pH) (25%) *

Mark only one oval.

	1	2	3	4	5	
Unimportant	◯	◯	◯	◯	◯	Important

7. Care (Management) provided at the referring hospital

How important do you think the following items are for the Core Clinical Information (CCI) list while caring for a transferred neonate ?

72. NEUROLOGY : Level of consciousness, HIE grade (mild, moderate, severe), pain/sedative drugs (44%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

73. CIRCULATION : Vitals (Heart rate, Blood Pressure,Temperature), Fluids given, Inotropes (69%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

74. Respiratory support : none, low flow oxygen: head box, nasal prongs, HFT, CPAP, VENT (ETT, Depth) (75%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

75. Ventilation settings (ETT/size & Depth, PIP/PEEP, Rate, Fio2, InspTime) (69%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

76. Oxygen saturations (pre/post ductal) (69%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

77. Blood gases results (56%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

78. FEEDS (last feed type & amount, NG aspirate in ml) (50%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

79. INFECTIONS (issues related to infection, exposure to Infect) (56%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

80. Antibiotics given (name & doses) (50%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

81. TUBES TYPE (NO or YES: Urinary,Orogastric tube/Nasal gastric tubes, Chest drain, Abdominal drain, size, insertion length/date, insertion site) (56%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

82. LINES Placed (NO or YES: Central line, Peripheral line, Intra-osseous (63%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

83. LABORATORY & IMAGING results (FBC,CRP, Bilirubin, Cultures, X-ray, U/S, CT scan, U&E, Glycemia) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

8. Miscellaneous

How important do you think the following items are for the Core Clinical Information (CCI) list while caring for a transferred neonate ?

84. Recommendations given to referring unit (19%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

85. Personnel on board during transfer (69%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

86. Parents (mother referred or not, or wishes to travel) (25%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

87. Caregiver plan (feeding choice) (13%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

88. Caregiver aware of the transfer (25%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

89. Patient records sent (maternal record, nurse flow sheet, triage sheet, x-ray report, discharge letter, other) (38%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

90. Outcome at the receiving hospital (TRIPS Score, alive & Died, Died in transit, Died within 24hrs of transfer, Died beyond 24hrs, Alive & counter-referred) (25%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

91. Date of approval/update of form at the bottom (19%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

92. Hospital letterhead (63%) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	
Unimportant	◯	◯	◯	◯	◯	◯	◯	◯	◯	Important

Finished

Thank you for participating in our research project and
Many thanks again for your interest in neonatal transport.

Oscar MWIZERWA

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