Mother's Initials:				Infant ID:						_			0	FLU	JIDS EXCLUSIV	
Infant Eligibility Checklist – to be signed by a medically qualified doctor, advanced neonatal nurse practitioner or senior nurse																
The following criteria must be answered YES for the infant to be eligible for the trial																
Infant born between 30+0 and 32+6 weeks gestation				Yes 🗆					No 🗆							
Infant <3 hours old at the time of randomisation?				Yes 🗆					No 🗆							
Infants requiring respiratory support (such as via continuous positive airway pressure) or other supportive treatments will be included in the study if the attending clinician is in equipoise about the infant being randomised to either the "full milk" or the "gradual milk" arm. Similarly, well infants should only be included if the attending clinician is in equipoise about the best feeding regime and the infant being randomised to either "full milk" or "gradual milk" groups.																
The following criteria must be answered NO for the infant to be eligible for the trial																
Infant has known congenital abnormalities of the gastrointestinal tract or other congenital conditions that make enteral feeding unsafe				Yes 🗆						No 🗆						
Infant small for gestational age (birth weight <10 th centile) AND evidence of reversed end-diastolic flow on antenatal umbilical artery Doppler ultrasound*				Yes 🗆						No 🗆						
Mother has participated in the trial during a previous pregnancy				Yes 🗆					No 🗆							
*Small for gestatior artery flow or whose the trial if they mee	e mot	ther's	did n	not have antenata							_					
#The trial will recru participated in the t born in subsequent participation.	trial h	as an	other	pregnancy in the	is dur	ation	n. In	such	n circ	umst	tance	es, th	e inf	ant(s	-	
Signature of medic neonatal nurse pra	-	-		·												
Sign-off date (dd-mmm-yyyy)																