

GREAT-2 GRemubamab ErAdication Trial

Participant name: Hospital ID: CHI/Date of Birth:

me:	
rth:	

Professo	r James Chalmers		
nedical notes as sourc	ce data		
	Participant trial ID		
rticipant's identity medications have been ts have been reviewed od samples le -Bronchiectasis Questio	reviewed		
icant	tions taken, if any:		
	Professo 1005993	the following has been completed: rticipant's identity medications have been reviewed ts have been reviewed od samples le -Bronchiectasis Questionnaire s Impact Measure Questionnaire	Professor James Chalmers 1005993 medical notes as source data medical notes as source data Participant trial ID the following has been completed: rticipant's identity medications have been reviewed ts have been reviewed od samples le Bronchiectasis Questionnaire s Impact Measure Questionnaire

Name of doctor making assessment:



Particip Hospita CHI/Dat

Vital signs						
Please enter the results of the following assessments:						
Blood pressure	mmHg	Pulse	bpm			
Oxygen saturation (room air)	%	Tympanic temperature	0°			

The following must be filed in the participant's medical notes:

- Changes to concomitant medications since last visit
- Any adverse events since last visit
- Any other notable findings and actions taken
- If the participant was withdrawn from the trial at this visit, document reason

Any further information of note:

The visit has been carried out as per protocol.

Signature:	
Name:	
Job title:	
Date:	