

GRFAT-2	Participant name:		
GRemubamab ErAdication Trial	Hospital ID:		
	CHI/Date of Birth:		
GREAT-2 GRemubamab ErA	dication Trial		
Sponsor Chief Investigator	University of Dunc		
Chief Investigator IRAS number	Professor James (1005993	Snamers	
Principal Investigator			
Contact number			
Contact email			
Visit 4 – Treatment phase to be filed in medical n	otos as source data		
to be med in medical i	oles as source data		
Date of visit:		Participant trial ID	
Please tick to indicate the follow	wing has been complete	d:	
Confirmed participant's identity			
Concomitant medications have been reviewed			
Adverse events have been reviewed			
Exacerbations have been reviewed			
Questionnaires:			
Quality of Life-Bronchiectasis Questionnaire			
Bronchiectasis Impact Measure Questionnaire			
Research samples:			
Research blood sample	es		
Sputum sample			
·			
Vital signs			
Vital signs Please enter the results of the	following assessments:		
Blood pressure	mml	Hg Pulse	bpm

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 pulmonary exacerbations since last visit
- Any other notable findings and actions taken
- If the participant was withdrawn from the trial at this visit, document reason

Tympanic temperature

Oxygen saturation (room air)



Participant name:	
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Visit has been carried out as per protocol

Signature:	
Name:	
Job title:	
Date:	