

Participant name Hospital ID: CHI/Date of Birth

name:	
:	
f Birth:	

GREAT-2 GRemuban Sponsor		Dundee-NHS Tayside		
Chief Investigator	Professor Jan	nes Chalmers		
IRAS number	1005993			
Principal Investigator				
Contact number				
Contact email				
Visit 7 – End of treat to be filed in n	ment assessments nedical notes as source da	Ita		
Date of visit:		Participant trial ID		
			 1	
Please tick to indicate	the following has been com	pleted:		
Confirmed par	ticipant's identity		Γ	
Concomitant r	nedications have been revie	ewed	-	
Adverse even	ts have been reviewed		-	
Exacerbations	have been reviewed		-	
Questionnaires:			L	
Quality of Life	Bronchiectasis Questionnai	re	Γ	
St George's Respiratory Questionnaire				
Bronchiectasis	s Impact Measure Questionr	naire	-	
NHS samples:			L	
Full blood cou	nt		Γ	
Urea & electro	olytes, creatinine		-	
Liver function	tests		-	
Research samples:			L]
Research bloc	od samples		Г	

Sputum sample



Particip Hospita CHI/Da

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Vital signs

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

Spirometry

What method of bronchodilation	n w	as used	?		
nebulised salbutamol		Dose	mg		
inhaled salbutamol		Dose	mcg	Number of puffs	

File copy of spirometry results in notes.

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

- Blood results signed and dated by doctor on delegation log
- Changes to concomitant medications since last visit
- Any adverse events since last visit
- Any pulmonary exacerbations since last visit
- Spirometry results signed and dated by doctor on delegation log
- Any other notable findings and actions taken
- Any paper copies of questionnaires
- If the participant was withdrawn from the trial at this visit, document reason

The visit has been carried out as per protocol.