

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

	——— Hospital ID/CHI:				
Value of inhaled treatment aztreonam lysine in bronch	112to of Dirth:				
Value of inhaled treat Sponsor Chief Investigator IRAS number	tment with Aztreonam lysine in be University of Dundee Professor James Cha 252929	-NHS Tay		ΓAL- BE	
Principal Investigator Contact number Contact email					
Visit number Date of visit:	Visit 3				
The above participant h	as agreed to take part in the VitalBB	E clinical t	rial and h	nas attended for foll	ow-up
Confirmed par Participant has	the following has been completed: ticipant's identity s verbally given their consent to con carried out as per protocol	tinue in th	ne trial		
To be completed over	the telephone				
Is St George's Respira completed?	atory Questionnaire being	Yes	No		
Is Quality of Life Bronchiectasis Questionnaire being completed?			No		
Is Bronchiectasis Heal	th Questionnaire being completed?	Yes	No]	
these should be writter Changes to co Any adverse e Any pulmonary	ve source data documented in the none in the notes. In commitant medications/respiratory revents since last visit by exacerbations since last visit able findings and actions taken				where
Trial medication Tick to confirm: Participant has	s been given trial medication, nebuli	ser and h	andset		
If the participant was w reason:	vithdrawn from the trial at this visit s	tate			
Signature: Name:					

Job title: Date: