



Participant name:

Hospital ID:

CHI/Date of Birth:

GREAT-2 GRemubamab ErAdication Trial

Sponsor University of Dundee-NHS Tayside
 Chief Investigator Professor James Chalmers
 IRAS number 1005993

Principal Investigator

Contact number

Contact email

**Visit 9 – Post treatment assessments
 to be filed in medical notes as source data**

Date of visit: Participant trial ID

The above participant has agreed to take part in the GREAT-2 clinical trial and has attended for their visit.

Please tick to indicate the following has been completed:

Confirmed participant's identity	<input type="checkbox"/>
Concomitant medications have been reviewed	<input type="checkbox"/>
Adverse events have been reviewed	<input type="checkbox"/>
Exacerbations have been reviewed	<input type="checkbox"/>
Questionnaires:	
Quality of Life-Bronchiectasis Questionnaire	<input type="checkbox"/>
St George's Respiratory Questionnaire	<input type="checkbox"/>
Bronchiectasis Impact Measure Questionnaire	<input type="checkbox"/>
NHS samples:	
Full blood count	<input type="checkbox"/>
Urea & electrolytes, creatinine	<input type="checkbox"/>
Liver function tests	<input type="checkbox"/>
Urine pregnancy test, if applicable	<input type="checkbox"/>
Research samples:	
Research blood samples	<input type="checkbox"/>
Sputum	<input type="checkbox"/>

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Vital signs

Please enter the results of the following assessments:

Blood pressure	<input type="text"/>	mmHg	Pulse	<input type="text"/>	bpm
Oxygen saturation (room air)	<input type="text"/>	%	Tympanic temperature	<input type="text"/>	°C

Spirometry

What method of bronchodilation was used?

nebulised salbutamol	<input type="checkbox"/>	Dose	<input type="text"/>	mg	Number of puffs <input type="text"/>
inhaled salbutamol	<input type="checkbox"/>	Dose	<input type="text"/>	mcg	

File copy of spirometry results in notes.

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

- Pregnancy test results, if applicable, signed & dated by doctor on delegation log
- 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- If the participant was withdrawn from the trial at this visit, document reason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.

Signature:

Name:

Job title:

Date: