Essential Data is data which is deemed by the study team as crucial in achieving the objectives of the registry. Specifying an essential data set does not imply in any way the additional data points are optional. In the absence of essential data or sufficient data quantity, the case may be rejected from the registry. Cases rejected from the registry do not receive payment/accruals associated with the recruitment. The decision of the co-ordinating centre on whether to accept a submitted case is considered final. The obligation to provide quality data, and discretion of the co-ordinating centre to accept or decline cases is outlined in the site contracts.

Essential Data Points:

**Radiology** – Confirm patient eligibility by recording the Date and Type of CT imaging used to confirm bronchiectasis diagnosis. If any radiology data is missing or there is uncertainty surrounding the scan please contact the central team info@bronchiectasis.eu

**Microbiology** – Enter all (stable, exacerbation and mycobacterial) respiratory samples tested in the previous 12 months. Please do not enter data more than 12 months old. It is expected at least one sample should be provided as annual sputum culture is part of bronchiectasis standard care (UK British Thoracic Society guidelines). It is acknowledged that some patients do not produce sputum spontaneously, however consistent absence of sputum culture data from cases will be queried.

**Spirometry** – Please enter the most recent spirometry data from the previous 12 months. As per European Respiratory Society spirometry guidelines, height and weight are expected to be updated at the time of spirometry. Please do not enter data more than 12 months old.

**Exacerbation history** - Please communicate with the patient to find out exacerbation data including the number of hospital admissions and emergency department visits (respiratory related only). Hospital records can be used if absolutely necessary but patient source is much preferred.

In order to reduce the amount of system queries please ensure the patients are actively involved in the collection of their data. The majority of data collected in this CRF will be available in the patient notes, however we have outlined below some data fields in which we would prefer and expect patients to be able to answer at the time of consent and during clinic visits, thus providing the most accurate up to date information. These data points are termed Patient Response Questions.

**Patient Response Question:**

- All questions asked in the Bronchiectasis Background Information page except spirometry which is covered above in Essential Data
- Medical History such as history of Tuberculosis, Whooping Cough, HIV, Gastro-oesophageal reflux disease
- Use of Long term Oxygen therapy
- Influenza Vaccination received in the previous 12 months
- All Physiotherapy and Activity Questions
EMBARC Case Report Form
Baseline
Version 3.0 April 2016

BASIC CASE INFORMATION

Case Identifier: ________________ Date of patient consent: ____________ (dd/mm/yyyy)

Eligibility criteria: 
☐ Has a CT chest scan consistent with bronchiectasis
☐ Is over 18 years old
☐ Does not have known cystic fibrosis
☐ Has not had a previous heart or lung transplant
☐ Has given signed consent to inclusion in the study

Gender: ☐ Male ☐ Female Date of birth: _______________ (dd/mm/yyyy)

Center: __________________________________________________________

Ethnicity
☐ White European
☐ Gypsy/traveller
☐ Other white ethnic group
☐ Hispanic
☐ Indian, Pakistani, Bangladeshi or other South Asian ethnic group
☐ Chinese European/Other Chinese ethnic group
☐ Other Asian ethnic group
☐ Black European/Black African/other black ethnic group
☐ Other African
☐ Caribbean/other Caribbean ethnic group
☐ Arab European/Other Arab ethnic group
☐ Other ethnicity
☐ Not recorded/declined

How long has the patient had bronchiectasis? ☐ Unknown ☐ 10-14 years
☐ < 5 years ☐ 15-20 years
☐ 5-9 years ☐ >20 years
Please record Comorbidities the patient is known to have

Cardiovascular diseases
If yes:
- Myocardial infarction
- Angina
- Stroke or Transient Ischaemic Attack
- Coronary artery bypass graft
- Congestive cardiac failure
- Pulmonary hypertension
- Atrial fibrillation
- Others

Liver Cirrhosis

Osteoporosis

Depression

Anxiety

Chronic renal failure
If yes:
- Haemodialysis

Neoplastic disease
If yes:
- Active
- Haematological
- Site

Diabetes
If yes:
- Type
- Treatment
NON RESPIRATORY MEDICATIONS

Please record currently prescribed Non respiratory medications

<table>
<thead>
<tr>
<th>Medication</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angiotensin-converting-enzyme inhibitor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angiotensin II receptor blocker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aspirin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-aspirin platelet inhibitors eg, Clopidogrel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warfarin/Oral anticoagulants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>β-Blocker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proton pump inhibitor</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional medications can be recorded in the respiratory treatments section.
BRONCHIECTASIS BACKGROUND INFORMATION

Spirometry, MRC score and Exacerbation history are deemed Essential Data. This data must not be more than 12 months old and must be updated annually. Cases may be rejected from the registry in the absence of Essential Data.

Weight (Kg) ______ □ N/A Height (cm) ______ □ N/A BMI (Kg/m²) ______ □ N/A
(BMI as autocalculated by eCRF)

FEV₁ L (recorded) __________ □ N/A FEV₁ L (% predicted) _______ □ N/A
(% predicted values as autocalculated by eCRF)

FVC L (recorded) __________ □ N/A FVC L (% predicted) ________ □ N/A
(% predicted values as autocalculated by eCRF)

Bronchodilator Status □ Pre-Bronchodilator □ Post-Bronchodilator □ Unknown
(where possible, post-bronchodilator values are preferred)

If spirometry has not been completed in the past 12 months, please give a reason in the box below

Are any additional lung function tests available? □ Yes □ No
If yes:
Total Lung Capacity (L) __________ □ N/A Diffusing capacity (DLCO) (L) ________ □ N/A
Residual Volume (L) __________ □ N/A Inspiratory capacity (DLCO) (L) ________ □ N/A

Modified MRC dyspnoea score:
□ 0 (I only get breathless with strenuous exercise)
□ 1 (I get short of breath when hurrying on level ground or walking up a slight hill)
□ 2 (On the level ground I walk slower than people of the same age because of breathlessness or I have to stop for breath when walking at my own pace on the level)
□ 3 (I stop for breath after walking about 100 yards or after a few minutes on the level ground)
□ 4 (I am too breathless to leave the house or I am breathless when dressing)
Asthma:  □ Yes  □ No  
COPD:  □ Yes  □ No  
Nasal polyps:  □ Yes  □ No  
Rhinosinusitis:  □ Yes  □ No  
Sputum color when stable:  □ Mucoid  
□ Mucopurulent  
□ Purulent  
□ Purulent (severe)  
Usual daily sputum volume: _____(ml/day)  
Smoking status:  □ Current  
□ Ex  
□ Never  
Approximate Pack years:  □ 0 - 4  
□ 5 – 9  
□ More than 40  
□ 10 - 20  

Number of exacerbations not requiring secondary care in the last year:  
□ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7  □ 8  □ 9  □ 10  □ 11  □ 12  
Source of this data:  
□ Patient history  □ Antibiotic prescription data  □ Hospital records  

Number of exacerbations requiring hospital admission in the last year:  
□ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7  □ 8  □ 9  □ 10  □ 11  □ 12  
Source of this data:  
□ Patient history  □ Antibiotic prescription data  □ Hospital records  

Number of respiratory related emergency department visits not resulting in hospitalisation in the last year:  
□ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7  □ 8  □ 9  □ 10  □ 11  □ 12  
Source of this data:  
□ Patient history  □ Antibiotic prescription data  □ Hospital records  

Has the patient ever been hospitalised for bronchiectasis?  □ Yes  □ No  
Has the patient received outpatient intravenous antibiotics in the last year?  □ Yes  □ No  
Has the patient ever had major haemoptysis requiring hospital admission?  □ Yes  □ No  
Has the patient participated in a clinical trial for bronchiectasis (other than the registry)?  □ Yes  □ No  

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QOL-B QUESTIONNAIRE

☐ Is QoL-B Questionnaire data available? ☐ Yes ☐ No

If yes, complete the following:

☐ English-UK ☐ Danish-Denmark ☐ Dutch-Belgium ☐ Dutch-Netherlands ☐ Finnish ☐ French-Belgium ☐ French-France ☐ German ☐ Hungarian ☐ Italian ☐ Lithuanian ☐ Norwegian ☐ Polish ☐ Portuguese ☐ Romanian ☐ Russian-Israel ☐ Russian-Russia ☐ Serbian ☐ Spanish-Latin ☐ Spanish-Spain

Date of completion: _______________ (dd/mm/yyyy)

Q1 _______           Q2 _______   Q3 _______   Q4 _______         Q5 _______
Q6 _______           Q7 _______   Q8 _______   Q9 _______         Q10_______
Q11_______           Q12_______   Q13_______   Q14_______         Q15_______
Q16_______           Q17_______   Q18_______   Q19_______         Q20_______
Q21_______           Q22_______   Q23_______   Q24_______         Q25_______
Q26_______           Q27_______   Q28_______   Q29_______         Q30_______
Q31_______           Q32_______   Q33_______   Q34_______         Q35_______
Q36_______           Q37_______
# Aetiology and Laboratory Testing

Has the patient evidence of testing for the following underlying disorders:

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ABPA</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Serum eosinophil count</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Total IgE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Specific IgE to aspergillus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Aspergillus IgG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Aspergillus Skin prick test</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Cystic Fibrosis</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Sweat test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Genetics</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Serum Immunoglobulins</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Serum level IgM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Serum level IgG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Serum level IgA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Serum level IgG1</td>
<td></td>
<td></td>
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<tr>
<td>- Serum level IgG2</td>
<td></td>
<td></td>
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<tr>
<td>- Serum level IgG3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Serum level IgG4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>α-1 antitrypsin deficiency</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Genetics</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Functional antibodies to</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pneumococcal/H influenza vaccine</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Result</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Serum electrophoresis</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Result</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**EMBARC Baseline v3.0 April_2016 8**
### Tests of ciliary function

*If yes:*

- Nasal eNO
  - Positive
  - Intermediate
  - Negative
  - Not performed
- Saccharin test
  - Positive
  - Intermediate
  - Negative
  - Not performed
- Scintigraphic mucociliary clearance
  - Positive
  - Intermediate
  - Negative
  - Not performed
- Biopsy for electron microscopy
  - Positive
  - Intermediate
  - Negative
  - Not performed
- Biopsy for analysis of ciliary beat pattern/frequency
  - Positive
  - Intermediate
  - Negative
  - Not performed
- Genetics
  - Positive
  - Intermediate
  - Negative
  - Not performed

### Bronchoscopy

- Yes
  - No

### Autoantibody testing

*If yes:*

- CCP screen results
  - Positive
  - Intermediate
  - Negative
  - Not performed
- ANA screen results
  - Positive
  - Intermediate
  - Negative
  - Not performed
- ENA screen results
  - Positive
  - Intermediate
  - Negative
  - Not performed
- ANCA
  - Positive
  - Intermediate
  - Negative
  - Not performed
- Additional tests performed
  - Not performed
Does the patient have a known history of any of the following?

Pneumonia          □ Yes  □ No
Whooping cough/pertussis □ Yes  □ No
Other childhood/respiratory infection □ Yes  □ No

Tuberculosis
If yes:
- Infection □ Current  □ Previous
- Treatment received □ Yes  □ No  □ Unknown

Atypical mycobacterial infection
If yes:
- Infection □ Current  □ Previous
- Treatment received □ Yes  □ No  □ Unknown

Rheumatoid arthritis □ Yes  □ No

Other connective tissue disease
If yes:
- Systemic lupus erythematosus □
- Systemic sclerosis/scleroderma □
- Ehlers_danlos syndrome □
- Mixed connective tissue disease □
- Stills disease □
- Sjogrens syndrome □
- Poly/dermatomyositis □
- Juvenile idiopathic arthritis □
- Relapsing polychondritis □
- Other □

Inflammatory bowel disease
If yes:
- Ulcerative colitis □ Yes  □ No
- Crohns disease □ Yes  □ No

HIV □ Yes  □ No
Immunodeficiency

If yes:

- B-cell deficiencies:
  - Common variable immunodeficiency
  - X-linked agammaglobulinaemia
  - Thymoma with antibody deficiency
  - Hyper IgM syndrome
  - Activate PI3K-delta syndrome
  - Selective IgA deficiency
  - IgG subclass deficiency
  - Specific antibody deficiency
  - Other

- T-cell and combined deficiencies
  - Severe combined immunodeficiency
  - DiGeorge syndrome
  - X-linked lymphoproliferative syndrome
  - Hyper IgM syndrome (CD40 ligand)
  - MHC class II deficiency
  - Ataxia-telangiectasia
  - Wiskott-Aldrich syndrome
  - Chronic mucocutaneous candidiasis
  - TAP deficiency
  - IPEX (immune dysfunction, polyendocrinopathy, enteropathy, X-linked)
  - ALPS (autoimmune lymphoproliferative syndrome)
  - WHIM syndrome
  - Other

- Secondary immunodeficiencies
  - Chronic Lymphocytic leukemia
  - Multiple Myeloma
  - Immunodeficiency associated with haematological malignancy
  - Immunodeficiency secondary to systemic chemotherapy
  - Immunodeficiency secondary to immunosuppressive drugs
  - Stem cell transplantation
  - Solid organ transplantation
  - Other
- Phagocyte deficiencies
  - Chronic granulomatous disease
  - Familial Haemophagocytic lymphohistiocytosis
  - Congenital agranulocytosis
  - Cyclic neutropenia
  - Leucocyte adhesion deficiency
  - Chediak-Higashi syndrome
  - Griscelli’s syndrome
  - Hyper IgE syndrome
  - Interferon gamma/IL-12 rec
  - Other cytokine deficiencies

- Complement deficiencies
  - Mannose binding lectin (MBL) deficiency
  - Properdin deficiency
  - Complement C3 deficiency
  - Terminal complement component deficiency
  - Other

Primary ciliary dyskinesia

Aspiration

Gastro-oesophageal reflux disease

Congenital airway abnormality
If yes, please specify: __________________________

Foreign body inhalation or obstruction

After investigation, the underlying aetiology determined was:

- Idiopathic
- Post-infective
- Post-tuberculous
- ABPA
- Rheumatoid arthritis
- Connective tissue disease
- Inflammatory bowel disease
- Aspiration
- Gastrooesophageal reflux disease
- Non-tuberculous mycobacteria
- COPD
- Asthma
- Primary ciliary dyskinesia
- Kartagener syndrome
- Youngs Syndrome
- Alpha-1-antitrypsin deficiency
- Common variable immunodeficiency
- X-linked agammaglobulinaemia
- IgA deficiency
- IgG subclass deficiency
- Specific antibody deficiency
- HIV
- Williams-Campbell Syndrome
- Marfan Syndrome
- Mounier-Kuhn syndrome
- Yellow nail syndrome
- Chronic neonatal lung disease
- Neonatal ventilation for prematurity
- Pink Disease (infantile mercury exposure)

Other aetiology (please specify): __________________________________________
MICROBIOLOGY

********************************************************************
Microbiology is deemed Essential Data.
This data must not be more than 12 months old and must be updated annually.
Cases may be rejected from the registry in the absence of Essential Data.
********************************************************************

Have any microbiology samples been obtained in the past 12 months?  ☐ Yes  ☐ No
If yes, complete the following:

Samples are divided into those performed when clinically stable and those performed during exacerbations.
If it is uncertain whether patients were stable or not at the time of sampling please record under “clinically stable”.

While clinically stable

Please provide details of all sputum results while stable over the last 12 months including negative cultures
(use additional sheets where necessary)

Date of sample: _____________ (mm/yyyy)    Source: ☐ Sputum   ☐ Induced sputum
        ☐ BAL       ☐ Throat swab

☐ No organism isolated
☐ Organism:_________________________    Antibiotic: Sensitive:
  Sensitive:
  Sensitive:
  Sensitive:
  Resistant:
  Resistant:
  Resistant:
  Resistant:

☐ Organism:_________________________    Antibiotic: Sensitive:
  Sensitive:
  Sensitive:
  Sensitive:
  Resistant:
  Resistant:
  Resistant:
  Resistant:
During exacerbations

Please provide details of all sputum results during exacerbations over the last 12 months (use additional sheets where necessary)

Date of sample: _______________ (mm/yyyy)    Source: □ Sputum          □ Induced sputum
□ BAL          □ Throat swab

□ No organism isolated
□ Organism:_________________________    Antibiotic: Sensitive:
Sensitive:
Sensitive:
Resistant:
Resistant:
Resistant:

□ Organism:_________________________    Antibiotic: Sensitive:
Sensitive:
Sensitive:
Resistant:
Resistant:
Resistant:

Mycobacterial samples

Please provide details of all sputum results for acid fast bacilli/mycobacterial culture over the last 12 months (use additional sheets where necessary).

Date of sample: _______________ (mm/yyyy)    Source: □ Sputum          □ Induced sputum
□ BAL          □ Throat swab

□ No organism isolated
□ Organism:_________________________    Antibiotic: Sensitive:
Sensitive:
Sensitive:
Resistant:
Resistant:
Resistant:

Is there evidence the patient has ever grown Pseudomonas aeruginosa? □ Yes    □ No
If yes;
How long ago was the most recent isolation of Pseudomonas? □ Present          □ Last 10 years
□ Last 2 years          □ Over 10 years
□ Last 5 years          □ Last 10 years

Type: □ Mucoid          □ Non-mucoid          □ Unknown

Has the patient ever had nebulised, oral or intravenous antibiotics aimed at eradication of pseudomonas? □ Yes    □ No
RADIOLGY

********************************************************************
Patients must have a diagnosis of bronchiectasis confirmed by CT imaging. Cases will be rejected from the registry without CT confirmed diagnosis.
********************************************************************

Date of CT scan: ___________ (dd/mm/yyyy)

Type of imaging:  □ High resolution CT scan (HRCT)
□ CT Thorax

Is there CT evidence of Bronchiectasis in;

**Right upper** lobe:  □ No Bronchiectasis  □ Cylindrical  □ Varicose
□ Cystic  □ Unknown Severity  **Left upper** lobe:  □ No Bronchiectasis  □ Cylindrical  □ Varicose
□ Cystic  □ Unknown Severity

**Right middle** lobe:  □ No Bronchiectasis  □ Cylindrical  □ Varicose
□ Cystic  □ Unknown Severity  **Lingula:**  □ No Bronchiectasis  □ Cylindrical  □ Varicose
□ Cystic  □ Unknown Severity

**Right lower** lobe:  □ No Bronchiectasis  □ Cylindrical  □ Varicose
□ Cystic  □ Unknown Severity  **Left lower** lobe:  □ No Bronchiectasis  □ Cylindrical  □ Varicose
□ Cystic  □ Unknown Severity
RESPIRATORY TREATMENTS

Long term oxygen therapy: □ Yes □ No
Non invasive ventilation: □ Yes □ No
Oral theophylline: □ Yes □ No

The patient has regular respiratory treatments: □ Yes □ No

If yes;

Respiratory Medications

☐ Inhaled steroid
☐ Inhaled steroid/Long acting beta agonist
☐ Intravenous immunoglobulin
☐ Itraconazole
☐ Leukotriene receptor antagonist
☐ Long acting anti-muscarinic
☐ Long acting beta agonist/Long acting anti-muscarinic
☐ Long acting beta agonist
☐ Long term (>28 days) Oral corticosteroids
☐ Monoclonal antibody
☐ Mucolytic
☐ Nebulised bronchodilators

Drug: ___________________________________________________________

Antibiotic Medications

☐ Inhaled/Nebulised antibiotics
☐ Long term (>28 days) Oral antibiotics
☐ Cyclical antibiotic therapy

Drug: ___________________________________________________________

Physiotherapy Adjuncts

☐ DNAase
☐ Inhaled mannitol
☐ Nebulised Hypertonic saline
☐ Nebulised Normal saline
☐ Sodium Hyaluronate

Vaccination

Is there evidence the patient has ever received;

☐ Pneumococcal polysaccharide vaccine (e.g.: PSV23): □ Yes □ No
☐ Pneumococcal conjugate vaccine (e.g.: PCV13): □ Yes □ No
In the last year has the patient received Influenza vaccination: □ Yes □ No
PHYSIOTHERAPY AND ACTIVITY

Does the patient practice regular chest physiotherapy?  □ Yes  □ No

If yes:

Manual airway clearance:  □ Active cycle of breathing technique  □ Autogenic drainage  □ Postural drainage  □ Assisted cough  □ Manual vibration  □ Percussion  □ ELTGOL  □ Regular physical exercise  □ None

Devices:  □ Positive expiratory pressure (PEP) device  □ Flutter device  □ Cornet  □ Acapella  □ Mechanical vibration  □ Percussionaire  □ High frequency chest wall oscillation  □ Other  □ None

Has the patient attended pulmonary rehabilitation?  □ Yes  □ Not referred  □ Not fit due to co-morbidities  □ Patient refused  □ Patient failed to attend

ADDITIONAL INFORMATION

Provide any additional required information in the free text provided:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
Disclaimer
In using this paper case report form to record identifiable patient data, the user accepts all responsibility for the secure storage of this data and disposal of this data in accordance with local ethical approvals and policies.

Acknowledgements
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- The European Cystic Fibrosis Society
- Italian Society of Respiratory Medicine (SIP)
- Lung Foundation of Australia
- The European Lung Foundation
- Bayer HealthCare
- Novartis Pharma AG
- Aradigm Corporation
- The Prospective German Non-CF Bronchiectasis (PROGNOSIS) Registry
- The Group for Research and Education in Pneumo-Infectious Diseases (GREPI), France

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