

US3242314 (Prod: Clinical Research Atlanta - ERN-PPDS)

Generated By: (b) (6)

Generated On: 26 Nov 2020 10:47:35

All time stamps listed in this document are displayed in GMT

US3242314

Form: Participant Creation

Generated On: 26 Nov 2020 10:47:35

[Participant ID](#)

US3242314

[mRNA-1273-P301 Completion Guidelines](#)

US3242314

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 10:47:35

Was this visit performed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Visit date (dd MMM yyyy)	10 SEP 2020
Was visit performed at the participant's home or at the clinic?	Home <input type="radio"/>
	Clinic <input checked="" type="radio"/>
Folder OID	SCRN

US3242314

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:47:35

Date of Birth (MMM yyyy)	(b) (6) 1945
Age	75
Age Units	YEARS
Age (Derived)	75
Sex	Female <input type="radio"/> Male <input checked="" type="radio"/>
Ethnicity	Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input checked="" type="radio"/> Not Reported <input type="radio"/> Unknown <input type="radio"/>
Race (Check All That Apply)	
White	True
Black	False
Asian	False
American Indian or Alaska Native	False
Native Hawaiian or other Pacific Islander	False
Other	False
If race is Other, specify _____	
Unknown	False
Not reported	False

US3242314

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:47:35

Date of Informed Consent (<i>dd MMM yyyy</i>)	10 SEP 2020
Month and Year of Informed Consent (derived)	SEP 2020
Year of Informed Consent (derived)	2020
Protocol Version	Amendment 1 <input type="radio"/>
	Amendment 2 <input type="radio"/>
	Amendment 3 <input checked="" type="radio"/>
	Amendment 4 <input type="radio"/>
	Amendment 5 <input type="radio"/>
Was participant enrolled in the study?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
If No, indicate reason for screen fail	Withdrew Consent <input type="radio"/>
	Inclusion/Exclusion <input type="radio"/>
	Cohort Full <input type="radio"/>
	Other <input type="radio"/>
If reason for screen fail is Other, specify	
Was this participant screened previously?	Yes <input type="radio"/>
	No <input checked="" type="radio"/>
If Yes, previous participant number	
Enrollment Trigger	1

US3242314

Folder: Screening

Form: Inclusion/Exclusion Criteria Summary

Generated On: 26 Nov 2020 10:47:35

Did the participant meet all eligibility criteria?

Yes ☒

No ☐

US3242314

Folder: Screening

Form: Medical History Summary

Generated On: 26 Nov 2020 10:47:35

Were any significant conditions reported?

Yes ☒

No ☐

US3242314

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:47:35

Condition	HYPERTENSION
Start date (dd MMM yyyy)	UN UNK 1994
Start date completely unknown	False
Condition ongoing at study entry	Yes <input checked="" type="radio"/> No <input type="radio"/>
If No, please specify the stop date (dd MMM yyyy)	
Stop date completely unknown	False
Start Month and Year (derived)	JAN 1994
Start Year (derived)	1994
Stop Month and Year (derived)	
Stop Year (derived)	

US3242314

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:47:35

Condition	HYPOTHYROIDISM
Start date (dd MMM yyyy)	UN UNK 2000
Start date completely unknown	False
Condition ongoing at study entry	Yes <input checked="" type="radio"/> No <input type="radio"/>
If No, please specify the stop date (dd MMM yyyy)	
Stop date completely unknown	False
Start Month and Year (derived)	JAN 2000
Start Year (derived)	2000
Stop Month and Year (derived)	
Stop Year (derived)	

US3242314

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:47:35

Condition	ISCHEMIC OPTIC NEUROPATHY
Start date (dd MMM yyyy)	UN JAN 2020
Start date completely unknown	False
Condition ongoing at study entry	Yes <input checked="" type="radio"/> No <input type="radio"/>
If No, please specify the stop date (dd MMM yyyy)	
Stop date completely unknown	False
Start Month and Year (derived)	JAN 2020
Start Year (derived)	2020
Stop Month and Year (derived)	
Stop Year (derived)	

US3242314

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:47:35

Condition	OBESITY
Start date (dd MMM yyyy)	UN UNK 2016
Start date completely unknown	False
Condition ongoing at study entry	Yes <input checked="" type="radio"/> No <input type="radio"/>
If No, please specify the stop date (dd MMM yyyy) _____	
Stop date completely unknown	False
Start Month and Year (derived)	JAN 2016
Start Year (derived)	2016
Stop Month and Year (derived)	_____
Stop Year (derived)	_____

US3242314

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:47:35

Condition	SEASONAL ALLERGIC RHINITIS
Start date (dd MMM yyyy)	UN UNK 2016
Start date completely unknown	False
Condition ongoing at study entry	Yes <input checked="" type="radio"/> No <input type="radio"/>
If No, please specify the stop date (dd MMM yyyy)	
Stop date completely unknown	False
Start Month and Year (derived)	JAN 2016
Start Year (derived)	2016
Stop Month and Year (derived)	
Stop Year (derived)	

US3242314

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:47:35

Condition	PERENNIAL ALLERGIC RHINITIS
Start date (dd MMM yyyy)	UN UNK 2016
Start date completely unknown	False
Condition ongoing at study entry	Yes <input checked="" type="radio"/> No <input type="radio"/>
If No, please specify the stop date (dd MMM yyyy)	
Stop date completely unknown	False
Start Month and Year (derived)	JAN 2016
Start Year (derived)	2016
Stop Month and Year (derived)	
Stop Year (derived)	

US3242314

Folder: Screening

Form: Medical History (7)

Generated On: 26 Nov 2020 10:47:35

Condition	CHRONIC KIDNEY DISEASE, STAGE 2
Start date (dd MMM yyyy)	01 JUN 2019
Start date completely unknown	False
Condition ongoing at study entry	Yes <input checked="" type="radio"/> No <input type="radio"/>
If No, please specify the stop date (dd MMM yyyy)	
Stop date completely unknown	False
Start Month and Year (derived)	JUN 2019
Start Year (derived)	2019
Stop Month and Year (derived)	
Stop Year (derived)	

US3242314

Folder: Screening

Form: Medical History (8)

Generated On: 26 Nov 2020 10:47:35

Condition	BENIGN PROSTATIC HYPERPLASIA
Start date (dd MMM yyyy)	27 JUN 2019
Start date completely unknown	False
Condition ongoing at study entry	Yes <input checked="" type="radio"/> No <input type="radio"/>
If No, please specify the stop date (dd MMM yyyy)	
Stop date completely unknown	False
Start Month and Year (derived)	JUN 2019
Start Year (derived)	2019
Stop Month and Year (derived)	
Stop Year (derived)	

US3242314

Folder: Screening

Form: Medical History (9)

Generated On: 26 Nov 2020 10:47:35

Condition	ELEVATED PROSTATE SPECIFIC ANTIGEN
Start date (dd MMM yyyy)	27 JUN 2019
Start date completely unknown	False
Condition ongoing at study entry	Yes <input checked="" type="radio"/> No <input type="radio"/>
If No, please specify the stop date (dd MMM yyyy)	
Stop date completely unknown	False
Start Month and Year (derived)	JUN 2019
Start Year (derived)	2019
Stop Month and Year (derived)	
Stop Year (derived)	

US3242314

Folder: Screening

Form: Medical History (10)

Generated On: 26 Nov 2020 10:47:35

Condition	ERECTILE DYSFUNCTION
Start date (dd MMM yyyy)	03 AUG 2017
Start date completely unknown	False
Condition ongoing at study entry	Yes <input checked="" type="radio"/> No <input type="radio"/>
If No, please specify the stop date (dd MMM yyyy)	
Stop date completely unknown	False
Start Month and Year (derived)	AUG 2017
Start Year (derived)	2017
Stop Month and Year (derived)	
Stop Year (derived)	

US3242314

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

Were vital signs assessed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Date of assessment (<i>dd MMM yyyy</i>)	10 SEP 2020
Time of assessment (<i>00:00-23:59</i>)	10:23 (24 HR)
Vital Signs Date and Time (derived)	10 SEP 2020 10:23
Height (<i>xxx.x</i>)	68 in
Weight (<i>xxx.x</i>)	214 lb
BMI (<i>xxx.x</i>)	32.60662 kg/m ²
BMI units	KG/M2
Temperature (<i>xxx.x</i>)	ND - Not Done
Route of measurement	Oral <input type="radio"/>
	Axillary <input type="radio"/>
	Other <input type="radio"/>
If Other, specify	
Pulse (<i>xxx</i>)	ND - Not Done
Pulse units	BPM
Respiratory Rate (<i>xxx</i>)	ND - Not Done
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (<i>xxx</i>)	ND - Not Done
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (<i>xxx</i>)	ND - Not Done
Diastolic Blood Pressure units	MMHG
Height (derived)	
Weight (derived)	

US3242314

Folder: Screening

Form: Physical Examination

Generated On: 26 Nov 2020 10:47:35

Was the physical examination performed?

Yes ☒

No ☐

Date of examination (dd MMM yyyy)

10 SEP 2020

Any abnormal and clinically significant findings should be recorded on the Adverse Event or Medical History eCRF, as applicable.

US3242314

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:47:35

Occupational Risk

Healthcare workers (e.g., doctors, nurses, dentists, hospital support staff, morgue/mortuary workers) Yes ☐ No ☒

Emergency Response (e.g., Law enforcement officers, Firefighters, emergency medical service workers) Yes ☐ No ☒

Retail or Restaurant Operations, particularly those in critical and/high-customer volume (e.g., grocery, convenience, hardware, big-box stores) Yes ☐ No ☒

Manufacturing & Production Operations with inherent overcrowding (e.g., factory workers, meat/food processing plants) Yes ☐ No ☒

Warehouse shipping and fulfillment centers and jobs (e.g., Amazon facilities) Yes ☐ No ☒

Transportation and delivery services (e.g., airlines, public transit, taxi/UBER, fed ex/UPS, postal workers) Yes ☐ No ☒

Border Protection and Military Personnel (e.g., TSA, custom and border protection agents, military personnel not social distancing) Yes ☐ No ☒

Personal Care and in-home services (e.g., barber/salon/spa, in-home repair services, electricians, plumbers, janitorial services) Yes ☐ No ☒

Hospitality and Tourism Workers (e.g., hotel, casino, amusement/theme park, entertainment, ski resorts) Yes ☐ No ☒

Pastoral, Social or Public Health Workers requiring frequent contact with community members (e.g., social workers, volunteers, religious clergy) Yes ☐ No ☒

Educators and Students (e.g., teachers, administrators, support staff, and students interacting in face-to-face school setting) Yes ☐ No ☒

Other Yes ☒ No ☐

Specify

PLAYS GOLF WITH 20 OTHER
PP, VOLUNTEERS AT (b) (6)

Location and Living Circumstances Risk (check all that apply)

No Risk Identified False

Resides in Nursing Home or Assisted Living Facility False

US3242314

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:47:35

Resides in Multi-family dwelling (e.g., cohabitation in dwelling with > 5 people, includes grandparents living with children < 18yrs)	False
Resides in high density housing (e.g., high rise apartments with shared entrances or elevators)	False
Resides in low density, multi-family setting without (e.g., apartments complex without shared entrances or elevators, duplexes)	False
Resides in a single family home (i.e., detached housing)	True
Other	False
Specify	

US3242314

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 10:47:35

Was this visit performed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Visit date (dd MMM yyyy)	10 SEP 2020
Was visit performed at the participant's home or at the clinic?	Home <input type="radio"/>
	Clinic <input checked="" type="radio"/>
Folder OID	VISIT1

US3242314

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:47:35

What was the date of randomization? (dd MMM yyyy) 10 SEP 2020

What was the participant's randomization number? 189759

In what Cohort was the participant enrolled?
 >=18 and <65 years and not at risk ☐
 >=18 and <65 years and at risk ☐
 >=65 years ☒

If participant is considered at risk, please check all that apply (If any are checked as Yes, please ensure the actual condition is recorded on the Medical History form)

Chronic lung disease (eg, emphysema and chronic bronchitis, idiopathic pulmonary fibrosis and cystic fibrosis, or moderate to severe asthma) Yes ☐ No ☒

Significant cardiac disease (eg, heart failure, coronary artery disease, congenital heart disease, cardiomyopathies, and pulmonary hypertension) Yes ☐ No ☒

Severe obesity (body mass index > or = 40kg/m2) Yes ☐ No ☒

Diabetes (Type I, Type 2, or gestational) Yes ☐ No ☒

Liver Disease Yes ☐ No ☒

Human Immunodeficiency Virus (HIV) infection Yes ☐ No ☒

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:47:35

Height	ND - Not Done
Weight	ND - Not Done

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:47:35

Height	ND - Not Done
Weight	ND - Not Done
Timepoint	Pre-Dose <input checked="" type="radio"/> Post-Dose <input type="radio"/>
Were vital signs assessed?	Yes <input checked="" type="radio"/> No <input type="radio"/>
Date of assessment (dd MMM yyyy)	10 SEP 2020
Time of assessment (00:00-23:59)	10:37 (24 HR)
Vital Signs Date and Time (derived)	10 SEP 2020 10:37
Temperature (xxx.x)	97.3 F
Route of measurement	Oral <input checked="" type="radio"/> Axillary <input type="radio"/> Other <input type="radio"/>
If Other, specify	
Pulse (xxx)	64 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	14 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	138 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	72 mmHg
Diastolic Blood Pressure units	MMHG

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:47:35

Height	ND - Not Done
Weight	ND - Not Done
Timepoint	Pre-Dose <input type="radio"/> Post-Dose <input checked="" type="radio"/>
Were vital signs assessed?	Yes <input checked="" type="radio"/> No <input type="radio"/>
Date of assessment (dd MMM yyyy)	10 SEP 2020
Time of assessment (00:00-23:59)	12:50 (24 HR)
Vital Signs Date and Time (derived)	10 SEP 2020 12:50
Temperature (xxx.x)	97.5 F
Route of measurement	Oral <input checked="" type="radio"/> Axillary <input type="radio"/> Other <input type="radio"/>
If Other, specify	
Pulse (xxx)	60 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	134 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	72 mmHg
Diastolic Blood Pressure units	MMHG

US3242314

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 10:47:35

Was the physical examination performed?

Yes ☐

No ☒

Date of examination (dd MMM yyyy)

Any abnormal and clinically significant findings should be recorded on the Adverse Event or Medical History eCRF, as applicable.

US3242314

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:47:35

Was study treatment given?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
If No, reason not given	Participant declined due to Adverse Event <input type="radio"/>
	Physician withheld dose due to Adverse Event <input type="radio"/>
	Death <input type="radio"/>
	Lost To Follow-Up <input type="radio"/>
	Physician Decision <input type="radio"/>
	Pregnancy <input type="radio"/>
	Protocol Deviation <input type="radio"/>
	Study Terminated by Sponsor <input type="radio"/>
	Withdrawal of Consent by Participant <input type="radio"/>
	Confirmed COVID-19 <input type="radio"/>
	Other <input type="radio"/>
If reason is Physician Decision, Withdrawal of Consent by Participant, Protocol Deviation, or Other, specify	
What was the study treatment?	MRNA-1273 OR PLACEBO
What was the treatment date? (dd MMM yyyy)	10 SEP 2020
What was the treatment time? (00:00-23:59)	12:20 (24 HR)
Treatment Date and Time (derived)	10 SEP 2020 12:20
Which arm was used to give treatment?	Left Arm <input checked="" type="radio"/>
	Right Arm <input type="radio"/>
What was the frequency of the study treatment dosing?	ONCE
What was the route of administration for the study treatment?	INTRAMUSCULAR

US3242314

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:47:35

Was the sample collected?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Collection date (<i>dd MMM yyyy</i>)	10 SEP 2020
Collection time (<i>00:00-23:59</i>)	11:43 (24 HR)
Collection date and time (derived)	10 SEP 2020 11:43

US3242314

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 10:47:35

Collection date (<i>dd MMM yyyy</i>)			10 SEP 2020
Lab Test	Was the sample collected?	Collection time (<i>00:00 - 23:59</i>)	Collection date and time (derived)
Nasopharyngeal Swab 1	Yes	11:43	10 SEP 2020 11:43
Nasopharyngeal Swab 2	No		

US3242314

Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 10:47:35

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 1, 30 MINUTES AFTER
VACCINATION (AT STUDY
CLINIC)

Thank you for agreeing to participate in this study. To evaluate the safety of the study vaccine you received, it is important to record all reactions that occur for the 7 days following the vaccination, including the day of vaccination.

After you leave the clinic, please try to complete the eDiary every evening for the 7 days. If you miss a day, you will have up until noon the next day to enter your symptoms from the previous day. If any symptoms are continuing on Day 7, or if you did not complete assessments on Day 7, you will receive alerts from the Diary app each day to confirm and enter any symptoms that continue beyond Day 7.

Please contact the study doctor if you have any concerning changes to your health. Concerning changes would include an issue that requires a visit to a healthcare provider such as a doctor, hospital, emergency room or urgent care; any underarm swelling/tenderness within the 7 days from receiving the vaccination or any symptom you perceive as severe.

Please record your temperature each day. If you measure your temperature more than once on a given day, please report the highest temperature for that day.

If your temperature is equal to or over 100.4°F at Day 7, you will be prompted by the app each day after Day 7 to confirm temperature until it has returned to below 100.4°F.

If you take any medication for pain or fever, you will be asked whether it was to TREAT pain or fever that has already occurred, or to PREVENT pain or fever from occurring. Please report any medications taken to the study staff at your next phone call or clinic visit, whichever is sooner.

You will also be asked to measure injection site redness and swelling/hardness using the ruler provided.

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

96.4 °F

Was any **MEDICATION TAKEN** today for pain or fever?

Yes ☐

No ☒

Please confirm reason for pain or fever medication (may select more than one):

PC Time Stamp

10 SEP 2020 12:54

PC Open Date & Time

10 SEP 2020 12:40

PC Close Date & Time

10 SEP 2020 15:10

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 1, AFTER VACCINATION
(AT HOME)

Thank you for agreeing to participate in this study. To evaluate the safety of the study vaccine you received, it is important to record all reactions that occur for the 7 days following the vaccination, including the day of vaccination.

After you leave the clinic, please try to complete the eDiary every evening for the 7 days. If you miss a day, you will have up until noon the next day to enter your symptoms from the previous day. If any symptoms are continuing on Day 7, or if you did not complete assessments on Day 7, you will receive alerts from the Diary app each day to confirm and enter any symptoms that continue beyond Day 7.

Please contact the study doctor if you have any concerning changes to your health. Concerning changes would include an issue that requires a visit to a healthcare provider such as a doctor, hospital, emergency room or urgent care; any underarm swelling/tenderness within the 7 days from receiving the vaccination or any symptom you perceive as severe.

Please record your temperature each day. If you measure your temperature more than once on a given day, please report the highest temperature for that day.

If your temperature is equal to or over 100.4°F at Day 7, you will be prompted by the app each day after Day 7 to confirm temperature until it has returned to below 100.4°F.

If you take any medication for pain or fever, you will be asked whether it was to TREAT pain or fever that has already occurred, or to PREVENT pain or fever from occurring. Please report any medications taken to the study staff at your next phone call or clinic visit, whichever is sooner.

You will also be asked to measure injection site redness and swelling/hardness using the ruler provided.

Was **TEMPERATURE** taken? Yes ☒ No ☐

Please record your **TEMPERATURE** in °F 97.2 °F

Was any **MEDICATION TAKEN today for pain or fever?** Yes ☐ No ☒

Please confirm reason for pain or fever medication (may select more than one):

PC Time Stamp	10 SEP 2020 21:16
PC Open Date & Time	10 SEP 2020 16:05
PC Close Date & Time	11 SEP 2020 11:59

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 2

Thank you for agreeing to participate in this study. To evaluate the safety of the study vaccine you received, it is important to record all reactions that occur for the 7 days following the vaccination, including the day of vaccination.

After you leave the clinic, please try to complete the eDiary every evening for the 7 days. If you miss a day, you will have up until noon the next day to enter your symptoms from the previous day. If any symptoms are continuing on Day 7, or if you did not complete assessments on Day 7, you will receive alerts from the Diary app each day to confirm and enter any symptoms that continue beyond Day 7.

Please contact the study doctor if you have any concerning changes to your health. Concerning changes would include an issue that requires a visit to a healthcare provider such as a doctor, hospital, emergency room or urgent care; any underarm swelling/tenderness within the 7 days from receiving the vaccination or any symptom you perceive as severe.

Please record your temperature each day. If you measure your temperature more than once on a given day, please report the highest temperature for that day.

If your temperature is equal to or over 100.4°F at Day 7, you will be prompted by the app each day after Day 7 to confirm temperature until it has returned to below 100.4°F.

If you take any medication for pain or fever, you will be asked whether it was to TREAT pain or fever that has already occurred, or to PREVENT pain or fever from occurring. Please report any medications taken to the study staff at your next phone call or clinic visit, whichever is sooner.

You will also be asked to measure injection site redness and swelling/hardness using the ruler provided.

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

98.0 °F

Was any **MEDICATION TAKEN** today for pain or fever?

Yes ☐

No ☒

Please confirm reason for pain or fever medication (may select more than one):

PC Time Stamp

11 SEP 2020 22:27

PC Open Date & Time

11 SEP 2020 12:00

PC Close Date & Time

12 SEP 2020 11:59

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 3

Thank you for agreeing to participate in this study. To evaluate the safety of the study vaccine you received, it is important to record all reactions that occur for the 7 days following the vaccination, including the day of vaccination.

After you leave the clinic, please try to complete the eDiary every evening for the 7 days. If you miss a day, you will have up until noon the next day to enter your symptoms from the previous day. If any symptoms are continuing on Day 7, or if you did not complete assessments on Day 7, you will receive alerts from the Diary app each day to confirm and enter any symptoms that continue beyond Day 7.

Please contact the study doctor if you have any concerning changes to your health. Concerning changes would include an issue that requires a visit to a healthcare provider such as a doctor, hospital, emergency room or urgent care; any underarm swelling/tenderness within the 7 days from receiving the vaccination or any symptom you perceive as severe.

Please record your temperature each day. If you measure your temperature more than once on a given day, please report the highest temperature for that day.

If your temperature is equal to or over 100.4°F at Day 7, you will be prompted by the app each day after Day 7 to confirm temperature until it has returned to below 100.4°F.

If you take any medication for pain or fever, you will be asked whether it was to TREAT pain or fever that has already occurred, or to PREVENT pain or fever from occurring. Please report any medications taken to the study staff at your next phone call or clinic visit, whichever is sooner.

You will also be asked to measure injection site redness and swelling/hardness using the ruler provided.

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

97.4 °F

Was any **MEDICATION TAKEN today for pain or fever?**

Yes ☐

No ☒

Please confirm reason for pain or fever medication (may select more than one):

PC Time Stamp

12 SEP 2020 21:31

PC Open Date & Time

12 SEP 2020 12:00

PC Close Date & Time

13 SEP 2020 11:59

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 4

Thank you for agreeing to participate in this study. To evaluate the safety of the study vaccine you received, it is important to record all reactions that occur for the 7 days following the vaccination, including the day of vaccination.

After you leave the clinic, please try to complete the eDiary every evening for the 7 days. If you miss a day, you will have up until noon the next day to enter your symptoms from the previous day. If any symptoms are continuing on Day 7, or if you did not complete assessments on Day 7, you will receive alerts from the Diary app each day to confirm and enter any symptoms that continue beyond Day 7.

Please contact the study doctor if you have any concerning changes to your health. Concerning changes would include an issue that requires a visit to a healthcare provider such as a doctor, hospital, emergency room or urgent care; any underarm swelling/tenderness within the 7 days from receiving the vaccination or any symptom you perceive as severe.

Please record your temperature each day. If you measure your temperature more than once on a given day, please report the highest temperature for that day.

If your temperature is equal to or over 100.4°F at Day 7, you will be prompted by the app each day after Day 7 to confirm temperature until it has returned to below 100.4°F.

If you take any medication for pain or fever, you will be asked whether it was to TREAT pain or fever that has already occurred, or to PREVENT pain or fever from occurring. Please report any medications taken to the study staff at your next phone call or clinic visit, whichever is sooner.

You will also be asked to measure injection site redness and swelling/hardness using the ruler provided.

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

97.6 °F

Was any **MEDICATION TAKEN today for pain or fever?**

Yes ☐

No ☒

Please confirm reason for pain or fever medication (may select more than one):

PC Time Stamp

13 SEP 2020 23:24

PC Open Date & Time

13 SEP 2020 12:00

PC Close Date & Time

14 SEP 2020 11:59

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 5

Thank you for agreeing to participate in this study. To evaluate the safety of the study vaccine you received, it is important to record all reactions that occur for the 7 days following the vaccination, including the day of vaccination.

After you leave the clinic, please try to complete the eDiary every evening for the 7 days. If you miss a day, you will have up until noon the next day to enter your symptoms from the previous day. If any symptoms are continuing on Day 7, or if you did not complete assessments on Day 7, you will receive alerts from the Diary app each day to confirm and enter any symptoms that continue beyond Day 7.

Please contact the study doctor if you have any concerning changes to your health. Concerning changes would include an issue that requires a visit to a healthcare provider such as a doctor, hospital, emergency room or urgent care; any underarm swelling/tenderness within the 7 days from receiving the vaccination or any symptom you perceive as severe.

Please record your temperature each day. If you measure your temperature more than once on a given day, please report the highest temperature for that day.

If your temperature is equal to or over 100.4°F at Day 7, you will be prompted by the app each day after Day 7 to confirm temperature until it has returned to below 100.4°F.

If you take any medication for pain or fever, you will be asked whether it was to TREAT pain or fever that has already occurred, or to PREVENT pain or fever from occurring. Please report any medications taken to the study staff at your next phone call or clinic visit, whichever is sooner.

You will also be asked to measure injection site redness and swelling/hardness using the ruler provided.

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

97.0 °F

Was any **MEDICATION TAKEN** today for pain or fever?

Yes ☐

No ☒

Please confirm reason for pain or fever medication (may select more than one):

PC Time Stamp

14 SEP 2020 23:20

PC Open Date & Time

14 SEP 2020 12:00

PC Close Date & Time

15 SEP 2020 11:59

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 6

Thank you for agreeing to participate in this study. To evaluate the safety of the study vaccine you received, it is important to record all reactions that occur for the 7 days following the vaccination, including the day of vaccination.

After you leave the clinic, please try to complete the eDiary every evening for the 7 days. If you miss a day, you will have up until noon the next day to enter your symptoms from the previous day. If any symptoms are continuing on Day 7, or if you did not complete assessments on Day 7, you will receive alerts from the Diary app each day to confirm and enter any symptoms that continue beyond Day 7.

Please contact the study doctor if you have any concerning changes to your health. Concerning changes would include an issue that requires a visit to a healthcare provider such as a doctor, hospital, emergency room or urgent care; any underarm swelling/tenderness within the 7 days from receiving the vaccination or any symptom you perceive as severe.

Please record your temperature each day. If you measure your temperature more than once on a given day, please report the highest temperature for that day.

If your temperature is equal to or over 100.4°F at Day 7, you will be prompted by the app each day after Day 7 to confirm temperature until it has returned to below 100.4°F.

If you take any medication for pain or fever, you will be asked whether it was to TREAT pain or fever that has already occurred, or to PREVENT pain or fever from occurring. Please report any medications taken to the study staff at your next phone call or clinic visit, whichever is sooner.

You will also be asked to measure injection site redness and swelling/hardness using the ruler provided.

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

97.4 °F

Was any **MEDICATION TAKEN today for pain or fever**?

Yes ☐

No ☒

Please confirm reason for pain or fever medication (may select more than one):

PC Time Stamp

15 SEP 2020 22:40

PC Open Date & Time

15 SEP 2020 12:00

PC Close Date & Time

16 SEP 2020 11:59

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 7

Thank you for agreeing to participate in this study. To evaluate the safety of the study vaccine you received, it is important to record all reactions that occur for the 7 days following the vaccination, including the day of vaccination.

After you leave the clinic, please try to complete the eDiary every evening for the 7 days. If you miss a day, you will have up until noon the next day to enter your symptoms from the previous day. If any symptoms are continuing on Day 7, or if you did not complete assessments on Day 7, you will receive alerts from the Diary app each day to confirm and enter any symptoms that continue beyond Day 7.

Please contact the study doctor if you have any concerning changes to your health. Concerning changes would include an issue that requires a visit to a healthcare provider such as a doctor, hospital, emergency room or urgent care; any underarm swelling/tenderness within the 7 days from receiving the vaccination or any symptom you perceive as severe.

Please record your temperature each day. If you measure your temperature more than once on a given day, please report the highest temperature for that day.

If your temperature is equal to or over 100.4°F at Day 7, you will be prompted by the app each day after Day 7 to confirm temperature until it has returned to below 100.4°F.

If you take any medication for pain or fever, you will be asked whether it was to TREAT pain or fever that has already occurred, or to PREVENT pain or fever from occurring. Please report any medications taken to the study staff at your next phone call or clinic visit, whichever is sooner.

You will also be asked to measure injection site redness and swelling/hardness using the ruler provided.

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

97.8 °F

Was any **MEDICATION TAKEN** today for pain or fever?

Yes ☐

No ☒

Please confirm reason for pain or fever medication (may select more than one):

PC Time Stamp

17 SEP 2020 03:05

PC Open Date & Time

16 SEP 2020 12:00

PC Close Date & Time

17 SEP 2020 11:59

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 1, 30 MINUTES AFTER
VACCINATION (AT STUDY
CLINIC)

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

None ☒

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

Is there any **REDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Please record - **UNDERARM GLAND SWELLING OR
TENDERNESS.**

Please select one response below

None ☒

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with some activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

10 SEP 2020 12:55

PC Open Date & Time

10 SEP 2020 12:40

PC Close Date & Time

10 SEP 2020 15:10

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 1, AFTER VACCINATION
(AT HOME)

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

None ☒

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

Is there any **REDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Please record - **UNDERARM GLAND SWELLING OR
TENDERNESS.**

Please select one response below

None ☒

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with some activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

10 SEP 2020 21:17

PC Open Date & Time

10 SEP 2020 16:05

PC Close Date & Time

11 SEP 2020 11:59

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 2

Please record - **PAIN AT INJECTION SITE.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

Is there any **REDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Please record - **UNDERARM GLAND SWELLING OR
TENDERNESS.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with some activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

11 SEP 2020 22:28

PC Open Date & Time

11 SEP 2020 12:00

PC Close Date & Time

12 SEP 2020 11:59

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 3

Please record - **PAIN AT INJECTION SITE.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

Is there any **REDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Yes ☒

No ☐

Please record - **SWELLING/HARDNESS AT INJECTION SITE**
(in mm)

8

Measure the largest size across any injection site swelling/hardness
with the ruler provided.

Please record - **UNDERARM GLAND SWELLING OR
TENDERNESS.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with some activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

12 SEP 2020 21:33

PC Open Date & Time

12 SEP 2020 12:00

PC Close Date & Time

13 SEP 2020 11:59

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 4

Please record - **PAIN AT INJECTION SITE.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

Is there any **REDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Yes ☒

No ☐

Please record - **SWELLING/HARDNESS AT INJECTION SITE**
(in mm)

4

Measure the largest size across any injection site swelling/hardness
with the ruler provided.

Please record - **UNDERARM GLAND SWELLING OR
TENDERNESS.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with some activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

13 SEP 2020 23:23

PC Open Date & Time

13 SEP 2020 12:00

PC Close Date & Time

14 SEP 2020 11:59

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 5

Please record - **PAIN AT INJECTION SITE.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

Is there any **REDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Please record - **UNDERARM GLAND SWELLING OR
TENDERNESS.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with some activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

14 SEP 2020 23:16

PC Open Date & Time

14 SEP 2020 12:00

PC Close Date & Time

15 SEP 2020 11:59

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 6

Please record - **PAIN AT INJECTION SITE.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

Is there any **REDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Please record - **UNDERARM GLAND SWELLING OR
TENDERNESS.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with some activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

15 SEP 2020 22:39

PC Open Date & Time

15 SEP 2020 12:00

PC Close Date & Time

16 SEP 2020 11:59

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 7

Please record - **PAIN AT INJECTION SITE.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

Is there any **REDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Please record - **UNDERARM GLAND SWELLING OR
TENDERNESS.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with some activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

17 SEP 2020 03:05

PC Open Date & Time

16 SEP 2020 12:00

PC Close Date & Time

17 SEP 2020 11:59

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 1, 30 MINUTES AFTER
VACCINATION (AT STUDY
CLINIC)

HEADACHE

None ☒

No interference with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or some
interference with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

FATIGUE

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

MUSCLE ACHES ALL OVER BODY

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

JOINT ACHES IN SEVERAL JOINTS

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

NAUSEA/VOMITING

None ☒

No interference with activity or
1-2 episodes/24 hours ☐

Some interference with activity
or >2 episodes/24 hours ☐

Prevents daily activity, requires
outpatient IV hydration ☐

CHILLS

None ☒

No interference with activity ☐

Some interference with activity
not requiring medical attention ☐

Prevents daily activity and
requires medical attention ☐

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

Did you receive any **MEDICAL ATTENTION** (doctor visit,
other) for any illness or symptoms?

No ☒

Yes ☐

PC Time stamp	10 SEP 2020 12:56
PC Open Date & Time	10 SEP 2020 12:40
PC Close Date & Time	10 SEP 2020 15:10

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 1, AFTER VACCINATION
(AT HOME)

HEADACHE

None ☒

No interference with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or some
interference with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

FATIGUE

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

MUSCLE ACHES ALL OVER BODY

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

JOINT ACHES IN SEVERAL JOINTS

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

NAUSEA/VOMITING

None ☒

No interference with activity or
1-2 episodes/24 hours ☐

Some interference with activity
or >2 episodes/24 hours ☐

Prevents daily activity, requires
outpatient IV hydration ☐

CHILLS

None ☒

No interference with activity ☐

Some interference with activity
not requiring medical attention ☐

Prevents daily activity and
requires medical attention ☐

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

Did you receive any **MEDICAL ATTENTION** (doctor visit,
other) for any illness or symptoms?

No ☒

Yes ☐

PC Time stamp	10 SEP 2020 21:18
PC Open Date & Time	10 SEP 2020 16:05
PC Close Date & Time	11 SEP 2020 11:59

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 2

HEADACHE

None ☒

No interference with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or some
interference with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

FATIGUE

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

MUSCLE ACHES ALL OVER BODY

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

JOINT ACHES IN SEVERAL JOINTS

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

NAUSEA/VOMITING

None ☒

No interference with activity or
1-2 episodes/24 hours ☐

Some interference with activity
or >2 episodes/24 hours ☐

Prevents daily activity, requires
outpatient IV hydration ☐

CHILLS

None ☒

No interference with activity ☐

Some interference with activity
not requiring medical attention ☐

Prevents daily activity and
requires medical attention ☐

Did you receive any **MEDICAL ATTENTION** (doctor visit,
other) for any illness or symptoms?

No ☒

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:47:35

Yes <input type="checkbox"/>	
PC Time stamp	11 SEP 2020 22:28
PC Open Date & Time	11 SEP 2020 12:00
PC Close Date & Time	12 SEP 2020 11:59

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 3

HEADACHE

None ☒

No interference with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or some
interference with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

FATIGUE

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

MUSCLE ACHES ALL OVER BODY

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

JOINT ACHES IN SEVERAL JOINTS

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

NAUSEA/VOMITING

None ☒

No interference with activity or
1-2 episodes/24 hours ☐

Some interference with activity
or >2 episodes/24 hours ☐

Prevents daily activity, requires
outpatient IV hydration ☐

CHILLS

None ☒

No interference with activity ☐

Some interference with activity
not requiring medical attention ☐

Prevents daily activity and
requires medical attention ☐

Did you receive any **MEDICAL ATTENTION** (doctor visit,
other) for any illness or symptoms?

No ☒

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:47:35

Yes <input type="checkbox"/>	
PC Time stamp	12 SEP 2020 21:33
PC Open Date & Time	12 SEP 2020 12:00
PC Close Date & Time	13 SEP 2020 11:59

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 4

HEADACHE

None ☒

No interference with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or some
interference with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

FATIGUE

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

MUSCLE ACHES ALL OVER BODY

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

JOINT ACHES IN SEVERAL JOINTS

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

NAUSEA/VOMITING

None ☒

No interference with activity or
1-2 episodes/24 hours ☐

Some interference with activity
or >2 episodes/24 hours ☐

Prevents daily activity, requires
outpatient IV hydration ☐

CHILLS

None ☒

No interference with activity ☐

Some interference with activity
not requiring medical attention ☐

Prevents daily activity and
requires medical attention ☐

Did you receive any **MEDICAL ATTENTION** (doctor visit,
other) for any illness or symptoms?

No ☒

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:47:35

Yes <input type="checkbox"/>	
PC Time stamp	13 SEP 2020 23:24
PC Open Date & Time	13 SEP 2020 12:00
PC Close Date & Time	14 SEP 2020 11:59

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 5

HEADACHE

None ☒

No interference with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or some
interference with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

FATIGUE

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

MUSCLE ACHES ALL OVER BODY

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

JOINT ACHES IN SEVERAL JOINTS

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

NAUSEA/VOMITING

None ☒

No interference with activity or
1-2 episodes/24 hours ☐

Some interference with activity
or >2 episodes/24 hours ☐

Prevents daily activity, requires
outpatient IV hydration ☐

CHILLS

None ☒

No interference with activity ☐

Some interference with activity
not requiring medical attention ☐

Prevents daily activity and
requires medical attention ☐

Did you receive any **MEDICAL ATTENTION** (doctor visit,
other) for any illness or symptoms?

No ☒

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:47:35

Yes <input type="checkbox"/>	
PC Time stamp	14 SEP 2020 23:17
PC Open Date & Time	14 SEP 2020 12:00
PC Close Date & Time	15 SEP 2020 11:59

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 6

HEADACHE

None ☒

No interference with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or some
interference with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

FATIGUE

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

MUSCLE ACHES ALL OVER BODY

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

JOINT ACHES IN SEVERAL JOINTS

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

NAUSEA/VOMITING

None ☒

No interference with activity or
1-2 episodes/24 hours ☐

Some interference with activity
or >2 episodes/24 hours ☐

Prevents daily activity, requires
outpatient IV hydration ☐

CHILLS

None ☒

No interference with activity ☐

Some interference with activity
not requiring medical attention ☐

Prevents daily activity and
requires medical attention ☐

Did you receive any **MEDICAL ATTENTION** (doctor visit,
other) for any illness or symptoms?

No ☒

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:47:35

Yes <input type="checkbox"/>	
PC Time stamp	15 SEP 2020 22:40
PC Open Date & Time	15 SEP 2020 12:00
PC Close Date & Time	16 SEP 2020 11:59

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 7

HEADACHE

None ☒

No interference with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or some
interference with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

FATIGUE

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

MUSCLE ACHES ALL OVER BODY

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

JOINT ACHES IN SEVERAL JOINTS

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

NAUSEA/VOMITING

None ☒

No interference with activity or
1-2 episodes/24 hours ☐

Some interference with activity
or >2 episodes/24 hours ☐

Prevents daily activity, requires
outpatient IV hydration ☐

CHILLS

None ☒

No interference with activity ☐

Some interference with activity
not requiring medical attention ☐

Prevents daily activity and
requires medical attention ☐

Did you receive any **MEDICAL ATTENTION** (doctor visit,
other) for any illness or symptoms?

No ☒

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:47:35

Yes <input type="checkbox"/>	
PC Time stamp	17 SEP 2020 03:06
PC Open Date & Time	16 SEP 2020 12:00
PC Close Date & Time	17 SEP 2020 11:59

US3242314

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:47:35

Was Contact Attempted?

Yes ☒

No ☐

Date of Contact or Contact Attempt (*dd MMM yyyy*)

18 SEP 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3242314

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:47:35

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3242314

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:47:35

Was Contact Attempted?

Yes ☒

No ☐

Date of Contact or Contact Attempt (*dd MMM yyyy*)

25 SEP 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3242314

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:47:35

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3242314

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:47:35

Was Contact Attempted?

Yes ☒

No ☐

Date of Contact or Contact Attempt (*dd MMM yyyy*)

1 OCT 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3242314

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:47:35

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3242314

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:47:35

Was this visit performed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Visit date (dd MMM yyyy)	9 OCT 2020
Was visit performed at the participant's home or at the clinic?	Home <input type="radio"/>
	Clinic <input checked="" type="radio"/>
Folder OID	VISIT2

US3242314

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:47:35

Timepoint	Pre-Dose <input checked="" type="radio"/>
	Post-Dose <input type="radio"/>
Were vital signs assessed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Date of assessment (dd MMM yyyy)	9 OCT 2020
Time of assessment (00:00-23:59)	8:05 (24 HR)
Vital Signs Date and Time (derived)	9 OCT 2020 8:05
Temperature (xxx.x)	97.1 F
Route of measurement	Oral <input checked="" type="radio"/>
	Axillary <input type="radio"/>
	Other <input type="radio"/>
If Other, specify	
Pulse (xxx)	68 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	128 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	80 mmHg
Diastolic Blood Pressure units	MMHG

US3242314

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:47:35

Timepoint	Pre-Dose <input type="radio"/>
	Post-Dose <input checked="" type="radio"/>
Were vital signs assessed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Date of assessment (dd MMM yyyy)	9 OCT 2020
Time of assessment (00:00-23:59)	9:32 (24 HR)
Vital Signs Date and Time (derived)	9 OCT 2020 9:32
Temperature (xxx.x)	97.9 F
Route of measurement	Oral <input checked="" type="radio"/>
	Axillary <input type="radio"/>
	Other <input type="radio"/>
If Other, specify	
Pulse (xxx)	68 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	128 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	82 mmHg
Diastolic Blood Pressure units	MMHG

US3242314

Folder: Visit 2 Day 29 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:47:35

Was the physical examination performed?

Yes ☐

No ☒

Date of examination (dd MMM yyyy)

Any abnormal and clinically significant findings should be recorded on the Adverse Event or Medical History eCRF, as applicable.

US3242314

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:47:35

Was study treatment given?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
If No, reason not given	Participant declined due to Adverse Event <input type="radio"/>
	Physician withheld dose due to Adverse Event <input type="radio"/>
	Death <input type="radio"/>
	Lost To Follow-Up <input type="radio"/>
	Physician Decision <input type="radio"/>
	Pregnancy <input type="radio"/>
	Protocol Deviation <input type="radio"/>
	Study Terminated by Sponsor <input type="radio"/>
	Withdrawal of Consent by Participant <input type="radio"/>
	Confirmed COVID-19 <input type="radio"/>
	Other <input type="radio"/>
If reason is Physician Decision, Withdrawal of Consent by Participant, Protocol Deviation, or Other, specify	
What was the study treatment?	MRNA-1273 OR PLACEBO
What was the treatment date? (dd MMM yyyy)	9 OCT 2020
What was the treatment time? (00:00-23:59)	9:01 (24 HR)
Treatment Date and Time (derived)	9 OCT 2020 9:01
Which arm was used to give treatment?	Left Arm <input checked="" type="radio"/>
	Right Arm <input type="radio"/>
What was the frequency of the study treatment dosing?	ONCE
What was the route of administration for the study treatment?	INTRAMUSCULAR

US3242314

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:47:35

Was the sample collected?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Collection date (<i>dd MMM yyyy</i>)	9 OCT 2020
Collection time (<i>00:00-23:59</i>)	8:32 (24 HR)
Collection date and time (derived)	9 OCT 2020 8:32

US3242314

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 10:47:35

Collection date (dd MMM yyyy)			9 OCT 2020
Lab Test	Was the sample collected?	Collection time (00:00 - 23:59)	Collection date and time (derived)
Nasopharyngeal Swab 1	Yes	8:25	9 OCT 2020 8:25
Nasopharyngeal Swab 2	No		

US3242314

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:47:35

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 1, 30 MINUTES AFTER
VACCINATION (AT STUDY
CLINIC)

Thank you for agreeing to participate in this study. To evaluate the safety of the study vaccine you received, it is important to record all reactions that occur for the 7 days following the vaccination, including the day of vaccination.

After you leave the clinic, please try to complete the eDiary every evening for the 7 days. If you miss a day, you will have up until noon the next day to enter your symptoms from the previous day. If any symptoms are continuing on Day 7, or if you did not complete assessments on Day 7, you will receive alerts from the Diary app each day to confirm and enter any symptoms that continue beyond Day 7.

Please contact the study doctor if you have any concerning changes to your health. Concerning changes would include an issue that requires a visit to a healthcare provider such as a doctor, hospital, emergency room or urgent care; any underarm swelling/tenderness within the 7 days from receiving the vaccination or any symptom you perceive as severe.

Please record your temperature each day. If you measure your temperature more than once on a given day, please report the highest temperature for that day.

If your temperature is equal to or over 100.4°F at Day 7, you will be prompted by the app each day after Day 7 to confirm temperature until it has returned to below 100.4°F.

If you take any medication for pain or fever, you will be asked whether it was to TREAT pain or fever that has already occurred, or to PREVENT pain or fever from occurring. Please report any medications taken to the study staff at your next phone call or clinic visit, whichever is sooner.

You will also be asked to measure injection site redness and swelling/hardness using the ruler provided.

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

97.9 °F

Was any **MEDICATION TAKEN** today for pain or fever?

Yes ☐

No ☒

Please confirm reason for pain or fever medication (may select more than one):

PC Time Stamp

09 OCT 2020 09:29

PC Open Date & Time

09 OCT 2020 09:21

PC Close Date & Time

09 OCT 2020 11:51

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 1, AFTER VACCINATION
(AT HOME)

Thank you for agreeing to participate in this study. To evaluate the safety of the study vaccine you received, it is important to record all reactions that occur for the 7 days following the vaccination, including the day of vaccination.

After you leave the clinic, please try to complete the eDiary every evening for the 7 days. If you miss a day, you will have up until noon the next day to enter your symptoms from the previous day. If any symptoms are continuing on Day 7, or if you did not complete assessments on Day 7, you will receive alerts from the Diary app each day to confirm and enter any symptoms that continue beyond Day 7.

Please contact the study doctor if you have any concerning changes to your health. Concerning changes would include an issue that requires a visit to a healthcare provider such as a doctor, hospital, emergency room or urgent care; any underarm swelling/tenderness within the 7 days from receiving the vaccination or any symptom you perceive as severe.

Please record your temperature each day. If you measure your temperature more than once on a given day, please report the highest temperature for that day.

If your temperature is equal to or over 100.4°F at Day 7, you will be prompted by the app each day after Day 7 to confirm temperature until it has returned to below 100.4°F.

If you take any medication for pain or fever, you will be asked whether it was to TREAT pain or fever that has already occurred, or to PREVENT pain or fever from occurring. Please report any medications taken to the study staff at your next phone call or clinic visit, whichever is sooner.

You will also be asked to measure injection site redness and swelling/hardness using the ruler provided.

Was **TEMPERATURE** taken? Yes ☒ No ☐

Please record your **TEMPERATURE** in °F 97.8 °F

Was any **MEDICATION TAKEN today for pain or fever?** Yes ☐ No ☒

Please confirm reason for pain or fever medication (may select more than one):

PC Time Stamp	09 OCT 2020 21:22
PC Open Date & Time	09 OCT 2020 12:46
PC Close Date & Time	10 OCT 2020 11:59

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 2

Thank you for agreeing to participate in this study. To evaluate the safety of the study vaccine you received, it is important to record all reactions that occur for the 7 days following the vaccination, including the day of vaccination.

After you leave the clinic, please try to complete the eDiary every evening for the 7 days. If you miss a day, you will have up until noon the next day to enter your symptoms from the previous day. If any symptoms are continuing on Day 7, or if you did not complete assessments on Day 7, you will receive alerts from the Diary app each day to confirm and enter any symptoms that continue beyond Day 7.

Please contact the study doctor if you have any concerning changes to your health. Concerning changes would include an issue that requires a visit to a healthcare provider such as a doctor, hospital, emergency room or urgent care; any underarm swelling/tenderness within the 7 days from receiving the vaccination or any symptom you perceive as severe.

Please record your temperature each day. If you measure your temperature more than once on a given day, please report the highest temperature for that day.

If your temperature is equal to or over 100.4°F at Day 7, you will be prompted by the app each day after Day 7 to confirm temperature until it has returned to below 100.4°F.

If you take any medication for pain or fever, you will be asked whether it was to TREAT pain or fever that has already occurred, or to PREVENT pain or fever from occurring. Please report any medications taken to the study staff at your next phone call or clinic visit, whichever is sooner.

You will also be asked to measure injection site redness and swelling/hardness using the ruler provided.

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

98.6 °F

Was any **MEDICATION TAKEN** today for pain or fever?

Yes ☒

No ☐

Please confirm reason for pain or fever medication (may select more than one):

To **TREAT** pain or fever that has already occurred

True

To **PREVENT** pain or fever from occurring

False

PC Time Stamp

10 OCT 2020 21:06

PC Open Date & Time

10 OCT 2020 12:00

PC Close Date & Time

11 OCT 2020 11:59

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 3

Thank you for agreeing to participate in this study. To evaluate the safety of the study vaccine you received, it is important to record all reactions that occur for the 7 days following the vaccination, including the day of vaccination.

After you leave the clinic, please try to complete the eDiary every evening for the 7 days. If you miss a day, you will have up until noon the next day to enter your symptoms from the previous day. If any symptoms are continuing on Day 7, or if you did not complete assessments on Day 7, you will receive alerts from the Diary app each day to confirm and enter any symptoms that continue beyond Day 7.

Please contact the study doctor if you have any concerning changes to your health. Concerning changes would include an issue that requires a visit to a healthcare provider such as a doctor, hospital, emergency room or urgent care; any underarm swelling/tenderness within the 7 days from receiving the vaccination or any symptom you perceive as severe.

Please record your temperature each day. If you measure your temperature more than once on a given day, please report the highest temperature for that day.

If your temperature is equal to or over 100.4°F at Day 7, you will be prompted by the app each day after Day 7 to confirm temperature until it has returned to below 100.4°F.

If you take any medication for pain or fever, you will be asked whether it was to TREAT pain or fever that has already occurred, or to PREVENT pain or fever from occurring. Please report any medications taken to the study staff at your next phone call or clinic visit, whichever is sooner.

You will also be asked to measure injection site redness and swelling/hardness using the ruler provided.

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

96.9 °F

Was any **MEDICATION TAKEN** today for pain or fever?

Yes ☐

No ☒

Please confirm reason for pain or fever medication (may select more than one):

PC Time Stamp

12 OCT 2020 00:02

PC Open Date & Time

11 OCT 2020 12:00

PC Close Date & Time

12 OCT 2020 11:59

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 4

Thank you for agreeing to participate in this study. To evaluate the safety of the study vaccine you received, it is important to record all reactions that occur for the 7 days following the vaccination, including the day of vaccination.

After you leave the clinic, please try to complete the eDiary every evening for the 7 days. If you miss a day, you will have up until noon the next day to enter your symptoms from the previous day. If any symptoms are continuing on Day 7, or if you did not complete assessments on Day 7, you will receive alerts from the Diary app each day to confirm and enter any symptoms that continue beyond Day 7.

Please contact the study doctor if you have any concerning changes to your health. Concerning changes would include an issue that requires a visit to a healthcare provider such as a doctor, hospital, emergency room or urgent care; any underarm swelling/tenderness within the 7 days from receiving the vaccination or any symptom you perceive as severe.

Please record your temperature each day. If you measure your temperature more than once on a given day, please report the highest temperature for that day.

If your temperature is equal to or over 100.4°F at Day 7, you will be prompted by the app each day after Day 7 to confirm temperature until it has returned to below 100.4°F.

If you take any medication for pain or fever, you will be asked whether it was to TREAT pain or fever that has already occurred, or to PREVENT pain or fever from occurring. Please report any medications taken to the study staff at your next phone call or clinic visit, whichever is sooner.

You will also be asked to measure injection site redness and swelling/hardness using the ruler provided.

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

96.4 °F

Was any **MEDICATION TAKEN** today for pain or fever?

Yes ☐

No ☒

Please confirm reason for pain or fever medication (may select more than one):

PC Time Stamp

12 OCT 2020 22:46

PC Open Date & Time

12 OCT 2020 12:00

PC Close Date & Time

13 OCT 2020 11:59

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 5

Thank you for agreeing to participate in this study. To evaluate the safety of the study vaccine you received, it is important to record all reactions that occur for the 7 days following the vaccination, including the day of vaccination.

After you leave the clinic, please try to complete the eDiary every evening for the 7 days. If you miss a day, you will have up until noon the next day to enter your symptoms from the previous day. If any symptoms are continuing on Day 7, or if you did not complete assessments on Day 7, you will receive alerts from the Diary app each day to confirm and enter any symptoms that continue beyond Day 7.

Please contact the study doctor if you have any concerning changes to your health. Concerning changes would include an issue that requires a visit to a healthcare provider such as a doctor, hospital, emergency room or urgent care; any underarm swelling/tenderness within the 7 days from receiving the vaccination or any symptom you perceive as severe.

Please record your temperature each day. If you measure your temperature more than once on a given day, please report the highest temperature for that day.

If your temperature is equal to or over 100.4°F at Day 7, you will be prompted by the app each day after Day 7 to confirm temperature until it has returned to below 100.4°F.

If you take any medication for pain or fever, you will be asked whether it was to TREAT pain or fever that has already occurred, or to PREVENT pain or fever from occurring. Please report any medications taken to the study staff at your next phone call or clinic visit, whichever is sooner.

You will also be asked to measure injection site redness and swelling/hardness using the ruler provided.

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

97.5 °F

Was any **MEDICATION TAKEN** today for pain or fever?

Yes ☐

No ☒

Please confirm reason for pain or fever medication (may select more than one):

PC Time Stamp

13 OCT 2020 21:50

PC Open Date & Time

13 OCT 2020 12:00

PC Close Date & Time

14 OCT 2020 11:59

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 6

Thank you for agreeing to participate in this study. To evaluate the safety of the study vaccine you received, it is important to record all reactions that occur for the 7 days following the vaccination, including the day of vaccination.

After you leave the clinic, please try to complete the eDiary every evening for the 7 days. If you miss a day, you will have up until noon the next day to enter your symptoms from the previous day. If any symptoms are continuing on Day 7, or if you did not complete assessments on Day 7, you will receive alerts from the Diary app each day to confirm and enter any symptoms that continue beyond Day 7.

Please contact the study doctor if you have any concerning changes to your health. Concerning changes would include an issue that requires a visit to a healthcare provider such as a doctor, hospital, emergency room or urgent care; any underarm swelling/tenderness within the 7 days from receiving the vaccination or any symptom you perceive as severe.

Please record your temperature each day. If you measure your temperature more than once on a given day, please report the highest temperature for that day.

If your temperature is equal to or over 100.4°F at Day 7, you will be prompted by the app each day after Day 7 to confirm temperature until it has returned to below 100.4°F.

If you take any medication for pain or fever, you will be asked whether it was to TREAT pain or fever that has already occurred, or to PREVENT pain or fever from occurring. Please report any medications taken to the study staff at your next phone call or clinic visit, whichever is sooner.

You will also be asked to measure injection site redness and swelling/hardness using the ruler provided.

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

97.8 °F

Was any **MEDICATION TAKEN** today for pain or fever?

Yes ☐

No ☒

Please confirm reason for pain or fever medication (may select more than one):

PC Time Stamp

15 OCT 2020 05:57

PC Open Date & Time

14 OCT 2020 12:00

PC Close Date & Time

15 OCT 2020 11:59

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 7

Thank you for agreeing to participate in this study. To evaluate the safety of the study vaccine you received, it is important to record all reactions that occur for the 7 days following the vaccination, including the day of vaccination.

After you leave the clinic, please try to complete the eDiary every evening for the 7 days. If you miss a day, you will have up until noon the next day to enter your symptoms from the previous day. If any symptoms are continuing on Day 7, or if you did not complete assessments on Day 7, you will receive alerts from the Diary app each day to confirm and enter any symptoms that continue beyond Day 7.

Please contact the study doctor if you have any concerning changes to your health. Concerning changes would include an issue that requires a visit to a healthcare provider such as a doctor, hospital, emergency room or urgent care; any underarm swelling/tenderness within the 7 days from receiving the vaccination or any symptom you perceive as severe.

Please record your temperature each day. If you measure your temperature more than once on a given day, please report the highest temperature for that day.

If your temperature is equal to or over 100.4°F at Day 7, you will be prompted by the app each day after Day 7 to confirm temperature until it has returned to below 100.4°F.

If you take any medication for pain or fever, you will be asked whether it was to TREAT pain or fever that has already occurred, or to PREVENT pain or fever from occurring. Please report any medications taken to the study staff at your next phone call or clinic visit, whichever is sooner.

You will also be asked to measure injection site redness and swelling/hardness using the ruler provided.

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

97.7 °F

Was any **MEDICATION TAKEN** today for pain or fever?

Yes ☐

No ☒

Please confirm reason for pain or fever medication (may select more than one):

PC Time Stamp

15 OCT 2020 21:41

PC Open Date & Time

15 OCT 2020 12:00

PC Close Date & Time

16 OCT 2020 11:59

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 1, 30 MINUTES AFTER
VACCINATION (AT STUDY
CLINIC)

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

None ☒

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

Is there any **REDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Please record - **UNDERARM GLAND SWELLING OR
TENDERNESS.**

Please select one response below

None ☒

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with some activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

09 OCT 2020 09:30

PC Open Date & Time

09 OCT 2020 09:21

PC Close Date & Time

09 OCT 2020 11:51

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 1, AFTER VACCINATION
(AT HOME)

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

None ☐

Does not interfere with activity ☒

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

Is there any **REDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Please record - **UNDERARM GLAND SWELLING OR
TENDERNESS.**

Please select one response below

None ☒

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with some activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

09 OCT 2020 21:23

PC Open Date & Time

09 OCT 2020 12:46

PC Close Date & Time

10 OCT 2020 11:59

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 2

Please record - **PAIN AT INJECTION SITE.**

None ☐

Please select one response below

Does not interfere with activity ☒

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

Is there any **REDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Please record - **UNDERARM GLAND SWELLING OR
TENDERNESS.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with some activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

10 OCT 2020 21:07

PC Open Date & Time

10 OCT 2020 12:00

PC Close Date & Time

11 OCT 2020 11:59

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 3

Please record - **PAIN AT INJECTION SITE.**

None ☐

Please select one response below

Does not interfere with activity ☒

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

Is there any **REDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Please record - **UNDERARM GLAND SWELLING OR
TENDERNESS.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with some activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

12 OCT 2020 00:02

PC Open Date & Time

11 OCT 2020 12:00

PC Close Date & Time

12 OCT 2020 11:59

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 4

Please record - **PAIN AT INJECTION SITE.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

Is there any **REDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Please record - **UNDERARM GLAND SWELLING OR
TENDERNESS.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with some activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

12 OCT 2020 22:47

PC Open Date & Time

12 OCT 2020 12:00

PC Close Date & Time

13 OCT 2020 11:59

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 5

Please record - **PAIN AT INJECTION SITE.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

Is there any **REDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Please record - **UNDERARM GLAND SWELLING OR
TENDERNESS.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with some activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

13 OCT 2020 21:50

PC Open Date & Time

13 OCT 2020 12:00

PC Close Date & Time

14 OCT 2020 11:59

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 6

Please record - **PAIN AT INJECTION SITE.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

Is there any **REDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Please record - **UNDERARM GLAND SWELLING OR
TENDERNESS.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with some activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

15 OCT 2020 05:58

PC Open Date & Time

14 OCT 2020 12:00

PC Close Date & Time

15 OCT 2020 11:59

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 7

Please record - **PAIN AT INJECTION SITE.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

Is there any **REDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Yes ☐

No ☒

Please record - **UNDERARM GLAND SWELLING OR
TENDERNESS.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with some activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

15 OCT 2020 21:41

PC Open Date & Time

15 OCT 2020 12:00

PC Close Date & Time

16 OCT 2020 11:59

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 1, 30 MINUTES AFTER
VACCINATION (AT STUDY
CLINIC)

HEADACHE

None ☒

No interference with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or some
interference with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

FATIGUE

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

MUSCLE ACHES ALL OVER BODY

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

JOINT ACHES IN SEVERAL JOINTS

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

NAUSEA/VOMITING

None ☒

No interference with activity or
1-2 episodes/24 hours ☐

Some interference with activity
or >2 episodes/24 hours ☐

Prevents daily activity, requires
outpatient IV hydration ☐

CHILLS

None ☒

No interference with activity ☐

Some interference with activity
not requiring medical attention ☐

Prevents daily activity and
requires medical attention ☐

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

Did you receive any **MEDICAL ATTENTION** (doctor visit,
other) for any illness or symptoms?

No ☒

Yes ☐

PC Time stamp	09 OCT 2020 09:30
PC Open Date & Time	09 OCT 2020 09:21
PC Close Date & Time	09 OCT 2020 11:51

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 1, AFTER VACCINATION
(AT HOME)

HEADACHE

None ☒

No interference with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or some
interference with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

FATIGUE

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

MUSCLE ACHES ALL OVER BODY

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

JOINT ACHES IN SEVERAL JOINTS

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

NAUSEA/VOMITING

None ☒

No interference with activity or
1-2 episodes/24 hours ☐

Some interference with activity
or >2 episodes/24 hours ☐

Prevents daily activity, requires
outpatient IV hydration ☐

CHILLS

None ☒

No interference with activity ☐

Some interference with activity
not requiring medical attention ☐

Prevents daily activity and
requires medical attention ☐

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

Did you receive any **MEDICAL ATTENTION** (doctor visit,
other) for any illness or symptoms?

No ☒

Yes ☐

PC Time stamp	09 OCT 2020 21:23
PC Open Date & Time	09 OCT 2020 12:46
PC Close Date & Time	10 OCT 2020 11:59

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 2

HEADACHE

None ☒

No interference with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or some
interference with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

FATIGUE

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

MUSCLE ACHES ALL OVER BODY

None ☐

No interference with activity ☒

Some interference with activity ☐

Significant; prevents daily
activity ☐

JOINT ACHES IN SEVERAL JOINTS

None ☐

No interference with activity ☒

Some interference with activity ☐

Significant; prevents daily
activity ☐

NAUSEA/VOMITING

None ☒

No interference with activity or
1-2 episodes/24 hours ☐

Some interference with activity
or >2 episodes/24 hours ☐

Prevents daily activity, requires
outpatient IV hydration ☐

CHILLS

None ☐

No interference with activity ☐

Some interference with activity
not requiring medical attention ☒

Prevents daily activity and
requires medical attention ☐

Did you receive any **MEDICAL ATTENTION** (doctor visit,
other) for any illness or symptoms?

No ☒

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:47:35

Yes <input type="checkbox"/>	
PC Time stamp	10 OCT 2020 21:09
PC Open Date & Time	10 OCT 2020 12:00
PC Close Date & Time	11 OCT 2020 11:59

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 3

HEADACHE

None ☒

No interference with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or some
interference with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

FATIGUE

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

MUSCLE ACHES ALL OVER BODY

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

JOINT ACHES IN SEVERAL JOINTS

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

NAUSEA/VOMITING

None ☒

No interference with activity or
1-2 episodes/24 hours ☐

Some interference with activity
or >2 episodes/24 hours ☐

Prevents daily activity, requires
outpatient IV hydration ☐

CHILLS

None ☒

No interference with activity ☐

Some interference with activity
not requiring medical attention ☐

Prevents daily activity and
requires medical attention ☐

Did you receive any **MEDICAL ATTENTION** (doctor visit,
other) for any illness or symptoms?

No ☒

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:47:35

Yes <input type="checkbox"/>	
PC Time stamp	12 OCT 2020 00:02
PC Open Date & Time	11 OCT 2020 12:00
PC Close Date & Time	12 OCT 2020 11:59

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 4

HEADACHE

None ☒

No interference with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or some
interference with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

FATIGUE

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

MUSCLE ACHES ALL OVER BODY

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

JOINT ACHES IN SEVERAL JOINTS

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

NAUSEA/VOMITING

None ☒

No interference with activity or
1-2 episodes/24 hours ☐

Some interference with activity
or >2 episodes/24 hours ☐

Prevents daily activity, requires
outpatient IV hydration ☐

CHILLS

None ☒

No interference with activity ☐

Some interference with activity
not requiring medical attention ☐

Prevents daily activity and
requires medical attention ☐

Did you receive any **MEDICAL ATTENTION** (doctor visit,
other) for any illness or symptoms?

No ☒

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:47:35

Yes <input type="checkbox"/>	
PC Time stamp	12 OCT 2020 22:48
PC Open Date & Time	12 OCT 2020 12:00
PC Close Date & Time	13 OCT 2020 11:59

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 5

HEADACHE

None ☒

No interference with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or some
interference with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

FATIGUE

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

MUSCLE ACHES ALL OVER BODY

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

JOINT ACHES IN SEVERAL JOINTS

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

NAUSEA/VOMITING

None ☒

No interference with activity or
1-2 episodes/24 hours ☐

Some interference with activity
or >2 episodes/24 hours ☐

Prevents daily activity, requires
outpatient IV hydration ☐

CHILLS

None ☒

No interference with activity ☐

Some interference with activity
not requiring medical attention ☐

Prevents daily activity and
requires medical attention ☐

Did you receive any **MEDICAL ATTENTION** (doctor visit,
other) for any illness or symptoms?

No ☒

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:47:35

Yes <input type="checkbox"/>	
PC Time stamp	13 OCT 2020 21:51
PC Open Date & Time	13 OCT 2020 12:00
PC Close Date & Time	14 OCT 2020 11:59

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 6

HEADACHE

None ☒

No interference with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or some
interference with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

FATIGUE

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

MUSCLE ACHES ALL OVER BODY

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

JOINT ACHES IN SEVERAL JOINTS

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

NAUSEA/VOMITING

None ☒

No interference with activity or
1-2 episodes/24 hours ☐

Some interference with activity
or >2 episodes/24 hours ☐

Prevents daily activity, requires
outpatient IV hydration ☐

CHILLS

None ☒

No interference with activity ☐

Some interference with activity
not requiring medical attention ☐

Prevents daily activity and
requires medical attention ☐

Did you receive any **MEDICAL ATTENTION** (doctor visit,
other) for any illness or symptoms?

No ☒

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:47:35

Yes <input type="checkbox"/>	
PC Time stamp	15 OCT 2020 05:58
PC Open Date & Time	14 OCT 2020 12:00
PC Close Date & Time	15 OCT 2020 11:59

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 7

HEADACHE

None ☒

No interference with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or some
interference with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

FATIGUE

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

MUSCLE ACHES ALL OVER BODY

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

JOINT ACHES IN SEVERAL JOINTS

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

NAUSEA/VOMITING

None ☒

No interference with activity or
1-2 episodes/24 hours ☐

Some interference with activity
or >2 episodes/24 hours ☐

Prevents daily activity, requires
outpatient IV hydration ☐

CHILLS

None ☒

No interference with activity ☐

Some interference with activity
not requiring medical attention ☐

Prevents daily activity and
requires medical attention ☐

Did you receive any **MEDICAL ATTENTION** (doctor visit,
other) for any illness or symptoms?

No ☒

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:47:35

Yes <input type="checkbox"/>	
PC Time stamp	15 OCT 2020 21:42
PC Open Date & Time	15 OCT 2020 12:00
PC Close Date & Time	16 OCT 2020 11:59

US3242314

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:47:35

Was Contact Attempted?

Yes ☒

No ☐

Date of Contact or Contact Attempt (*dd MMM yyyy*)

18 OCT 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3242314

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:47:35

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3242314

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:47:35

Was Contact Attempted?

Yes ☒

No ☐

Date of Contact or Contact Attempt (*dd MMM yyyy*)

26 OCT 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3242314

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:47:35

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3242314

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:47:35

Was Contact Attempted?

Yes ☒

No ☐

Date of Contact or Contact Attempt (*dd MMM yyyy*)

30 OCT 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3242314

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:47:35

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3242314

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:47:35

Was this visit performed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Visit date (dd MMM yyyy)	5 NOV 2020
Was visit performed at the participant's home or at the clinic?	Home <input type="radio"/>
	Clinic <input checked="" type="radio"/>
Folder OID	VISIT3

US3242314

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

Were vital signs assessed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Date of assessment (<i>dd MMM yyyy</i>)	5 NOV 2020
Time of assessment (<i>00:00-23:59</i>)	08:19 (24 HR)
Vital Signs Date and Time (derived)	5 NOV 2020 08:19
Temperature (<i>xxx.x</i>)	97.0 F
Route of measurement	Oral <input checked="" type="radio"/>
	Axillary <input type="radio"/>
	Other <input type="radio"/>
If Other, specify	
Pulse (<i>xxx</i>)	68 beats/min
Pulse units	BPM
Respiratory Rate (<i>xxx</i>)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (<i>xxx</i>)	126 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (<i>xxx</i>)	72 mmHg
Diastolic Blood Pressure units	MMHG
Height (derived)	
Weight (derived)	

US3242314

Folder: Visit 3 Day 57 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:47:35

Was the physical examination performed?

Yes ☐

No ☒

Date of examination (dd MMM yyyy)

Any abnormal and clinically significant findings should be recorded on the Adverse Event or Medical History eCRF, as applicable.

US3242314

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:47:35

Was the sample collected?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Collection date (<i>dd MMM yyyy</i>)	5 NOV 2020
Collection time (<i>00:00-23:59</i>)	08:48 (24 HR)
Collection date and time (derived)	5 NOV 2020 08:48

US3242314

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:47:35

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3242314

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 64
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input checked="" type="radio"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input checked="" type="radio"/> Yes <input type="radio"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input checked="" type="radio"/> Yes <input type="radio"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input checked="" type="radio"/> Yes <input type="radio"/>
Date and time of submission	11 NOV 2020 10:32:28
Patient Cloud Open Date & Time	10 NOV 2020 00:01
Patient Cloud Close Date & Time	14 NOV 2020 23:59

US3242314

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 71

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?

No ☒

Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?

No ☒

Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Date and time of submission

17 NOV 2020 17:33:14

Patient Cloud Open Date & Time

17 NOV 2020 00:01

Patient Cloud Close Date & Time

21 NOV 2020 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 61
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

07 NOV 2020 00:01

[Patient Cloud Close Date & Time](#)

11 NOV 2020 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 68
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	14 NOV 2020 00:01
Patient Cloud Close Date & Time	18 NOV 2020 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 75

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?

No ☒

Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?

No ☒

Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Date and time of submission

24 NOV 2020 15:12:12

Patient Cloud Open Date & Time

21 NOV 2020 00:01

Patient Cloud Close Date & Time

25 NOV 2020 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 82
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

28 NOV 2020 00:01

[Patient Cloud Close Date & Time](#)

02 DEC 2020 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 89
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

Patient Cloud Open Date & Time	05 DEC 2020 00:01
--	-------------------

Patient Cloud Close Date & Time	09 DEC 2020 23:59
---	-------------------

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 96
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	12 DEC 2020 00:01
Patient Cloud Close Date & Time	16 DEC 2020 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 103
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	19 DEC 2020 00:01
Patient Cloud Close Date & Time	23 DEC 2020 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 110
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

26 DEC 2020 00:01

[Patient Cloud Close Date & Time](#)

30 DEC 2020 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 117
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

02 JAN 2021 00:01

[Patient Cloud Close Date & Time](#)

06 JAN 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 124
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

09 JAN 2021 00:01

[Patient Cloud Close Date & Time](#)

13 JAN 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 131
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

16 JAN 2021 00:01

[Patient Cloud Close Date & Time](#)

20 JAN 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 138

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	23 JAN 2021 00:01
Patient Cloud Close Date & Time	27 JAN 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 145
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	30 JAN 2021 00:01
Patient Cloud Close Date & Time	03 FEB 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 152
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	06 FEB 2021 00:01
Patient Cloud Close Date & Time	10 FEB 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 159
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

13 FEB 2021 00:01

[Patient Cloud Close Date & Time](#)

17 FEB 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 166
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

20 FEB 2021 00:01

[Patient Cloud Close Date & Time](#)

24 FEB 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 173

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	27 FEB 2021 00:01
Patient Cloud Close Date & Time	03 MAR 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 180
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

06 MAR 2021 00:01

[Patient Cloud Close Date & Time](#)

10 MAR 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 187
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

13 MAR 2021 00:01

[Patient Cloud Close Date & Time](#)

17 MAR 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 194
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

20 MAR 2021 00:01

[Patient Cloud Close Date & Time](#)

24 MAR 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 201
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	27 MAR 2021 00:01
Patient Cloud Close Date & Time	31 MAR 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 208
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	03 APR 2021 00:01
Patient Cloud Close Date & Time	07 APR 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 215
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	10 APR 2021 00:01
Patient Cloud Close Date & Time	14 APR 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 222
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

17 APR 2021 00:01

[Patient Cloud Close Date & Time](#)

21 APR 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 229
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

24 APR 2021 00:01

[Patient Cloud Close Date & Time](#)

28 APR 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 236
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

01 MAY 2021 00:01

[Patient Cloud Close Date & Time](#)

05 MAY 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 243
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

08 MAY 2021 00:01

[Patient Cloud Close Date & Time](#)

12 MAY 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 250
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

15 MAY 2021 00:01

[Patient Cloud Close Date & Time](#)

19 MAY 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 257
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

22 MAY 2021 00:01

[Patient Cloud Close Date & Time](#)

26 MAY 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 264
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

29 MAY 2021 00:01

[Patient Cloud Close Date & Time](#)

02 JUN 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 271
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

05 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

09 JUN 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 278
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

12 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

16 JUN 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 285
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

19 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

23 JUN 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 292

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	26 JUN 2021 00:01
Patient Cloud Close Date & Time	30 JUN 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 299

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

03 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

07 JUL 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 306
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	10 JUL 2021 00:01
Patient Cloud Close Date & Time	14 JUL 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 313

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	17 JUL 2021 00:01
Patient Cloud Close Date & Time	21 JUL 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 320
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	24 JUL 2021 00:01
Patient Cloud Close Date & Time	28 JUL 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 327
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

31 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

04 AUG 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 334
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

07 AUG 2021 00:01

[Patient Cloud Close Date & Time](#)

11 AUG 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 341
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

14 AUG 2021 00:01

[Patient Cloud Close Date & Time](#)

18 AUG 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 348
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

21 AUG 2021 00:01

[Patient Cloud Close Date & Time](#)

25 AUG 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 355

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

28 AUG 2021 00:01

[Patient Cloud Close Date & Time](#)

01 SEP 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 362
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

04 SEP 2021 00:01

[Patient Cloud Close Date & Time](#)

08 SEP 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 369

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	11 SEP 2021 00:01
Patient Cloud Close Date & Time	15 SEP 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 376

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

18 SEP 2021 00:01

[Patient Cloud Close Date & Time](#)

22 SEP 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 383

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	25 SEP 2021 00:01
Patient Cloud Close Date & Time	29 SEP 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 390
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

02 OCT 2021 00:01

[Patient Cloud Close Date & Time](#)

06 OCT 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 397

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

09 OCT 2021 00:01

[Patient Cloud Close Date & Time](#)

13 OCT 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 404
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

16 OCT 2021 00:01

[Patient Cloud Close Date & Time](#)

20 OCT 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 411
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	23 OCT 2021 00:01
Patient Cloud Close Date & Time	27 OCT 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 418
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

30 OCT 2021 00:01

[Patient Cloud Close Date & Time](#)

03 NOV 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 425
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

06 NOV 2021 00:01

[Patient Cloud Close Date & Time](#)

10 NOV 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 432
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

13 NOV 2021 00:01

[Patient Cloud Close Date & Time](#)

17 NOV 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 439
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

20 NOV 2021 00:01

[Patient Cloud Close Date & Time](#)

24 NOV 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 446
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

27 NOV 2021 00:01

[Patient Cloud Close Date & Time](#)

01 DEC 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 453
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	04 DEC 2021 00:01
Patient Cloud Close Date & Time	08 DEC 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 460
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	11 DEC 2021 00:01
Patient Cloud Close Date & Time	15 DEC 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 467
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

18 DEC 2021 00:01

[Patient Cloud Close Date & Time](#)

22 DEC 2021 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 474

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

Patient Cloud Open Date & Time	25 DEC 2021 00:01
--	-------------------

Patient Cloud Close Date & Time	29 DEC 2021 23:59
---	-------------------

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 481
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	01 JAN 2022 00:01
Patient Cloud Close Date & Time	05 JAN 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 488
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

08 JAN 2022 00:01

[Patient Cloud Close Date & Time](#)

12 JAN 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 495
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	15 JAN 2022 00:01
Patient Cloud Close Date & Time	19 JAN 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 502

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	22 JAN 2022 00:01
Patient Cloud Close Date & Time	26 JAN 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 509

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	29 JAN 2022 00:01
Patient Cloud Close Date & Time	02 FEB 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 516

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	05 FEB 2022 00:01
Patient Cloud Close Date & Time	09 FEB 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 523

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	12 FEB 2022 00:01
Patient Cloud Close Date & Time	16 FEB 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 530
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	19 FEB 2022 00:01
Patient Cloud Close Date & Time	23 FEB 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 537

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

26 FEB 2022 00:01

[Patient Cloud Close Date & Time](#)

02 MAR 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 544

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

05 MAR 2022 00:01

[Patient Cloud Close Date & Time](#)

09 MAR 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 551

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

12 MAR 2022 00:01

[Patient Cloud Close Date & Time](#)

16 MAR 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 558

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

19 MAR 2022 00:01

[Patient Cloud Close Date & Time](#)

23 MAR 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 565

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	26 MAR 2022 00:01
Patient Cloud Close Date & Time	30 MAR 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 572

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

02 APR 2022 00:01

[Patient Cloud Close Date & Time](#)

06 APR 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 579

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

09 APR 2022 00:01

[Patient Cloud Close Date & Time](#)

13 APR 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 586

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

16 APR 2022 00:01

[Patient Cloud Close Date & Time](#)

20 APR 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 593

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

23 APR 2022 00:01

[Patient Cloud Close Date & Time](#)

27 APR 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 600
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

30 APR 2022 00:01

[Patient Cloud Close Date & Time](#)

04 MAY 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 607
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

07 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

11 MAY 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 614
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

14 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

18 MAY 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 621
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

21 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

25 MAY 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 628
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

28 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

01 JUN 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 635

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

04 JUN 2022 00:01

[Patient Cloud Close Date & Time](#)

08 JUN 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 642
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

11 JUN 2022 00:01

[Patient Cloud Close Date & Time](#)

15 JUN 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 649
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

18 JUN 2022 00:01

[Patient Cloud Close Date & Time](#)

22 JUN 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 656
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

25 JUN 2022 00:01

[Patient Cloud Close Date & Time](#)

29 JUN 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 663
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	02 JUL 2022 00:01
Patient Cloud Close Date & Time	06 JUL 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 670
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

09 JUL 2022 00:01

[Patient Cloud Close Date & Time](#)

13 JUL 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 677

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

16 JUL 2022 00:01

[Patient Cloud Close Date & Time](#)

20 JUL 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 684
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	23 JUL 2022 00:01
Patient Cloud Close Date & Time	27 JUL 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 691
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

30 JUL 2022 00:01

[Patient Cloud Close Date & Time](#)

03 AUG 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 698

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

06 AUG 2022 00:01

[Patient Cloud Close Date & Time](#)

10 AUG 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 705
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	13 AUG 2022 00:01
Patient Cloud Close Date & Time	17 AUG 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 712
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	20 AUG 2022 00:01
Patient Cloud Close Date & Time	24 AUG 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 719
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	27 AUG 2022 00:01
Patient Cloud Close Date & Time	31 AUG 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 726
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	03 SEP 2022 00:01
Patient Cloud Close Date & Time	07 SEP 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 733

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	10 SEP 2022 00:01
Patient Cloud Close Date & Time	14 SEP 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 740
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	17 SEP 2022 00:01
Patient Cloud Close Date & Time	21 SEP 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 747
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

24 SEP 2022 00:01

[Patient Cloud Close Date & Time](#)

28 SEP 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

DAY 754

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Please identify below which symptoms you have experienced or are experiencing (Check all that apply):

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately ☐

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	01 OCT 2022 00:01
Patient Cloud Close Date & Time	05 OCT 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 761
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.

I confirm I have read this message and will call the study clinic immediately ☐

Date and time of submission

[Patient Cloud Open Date & Time](#)

08 OCT 2022 00:01

[Patient Cloud Close Date & Time](#)

12 OCT 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 768
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

15 OCT 2022 00:01

[Patient Cloud Close Date & Time](#)

19 OCT 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 775
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	22 OCT 2022 00:01
Patient Cloud Close Date & Time	26 OCT 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 782
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

29 OCT 2022 00:01

[Patient Cloud Close Date & Time](#)

02 NOV 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 789
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

05 NOV 2022 00:01

[Patient Cloud Close Date & Time](#)

09 NOV 2022 23:59

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT	DAY 796
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	12 NOV 2022 00:01
Patient Cloud Close Date & Time	16 NOV 2022 23:59

US3242314

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:47:35

Was Contact Attempted? Yes ☐
No ☐

Date of Contact or Contact Attempt (*dd MMM yyyy*)

Please select one status for the follow-up contact

Contact Made ☐

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3242314

Folder: Safety Call Day 85 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:47:35

Is the participant continuing to the next visit?

Yes ☐

No ☐

Continuing Flag

US3242314

Folder: Covid-19 Assessment (1)

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:47:35

Date of Contact	
Time of Contact	
Date and Time of Contact (derived)	
Type of Contact	Clinic Visit - Scheduled <input type="checkbox"/>
	Clinical Visit - Unscheduled <input type="checkbox"/>
	Safety Call <input type="checkbox"/>
	Convalescent Tele-visit <input type="checkbox"/>
Has the subject reported symptoms of SARS-COV-2?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

US3242314

Folder: Covid-19 Assessment (1)

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:47:35

Generate Next COVID-19 Assessment

Yes ☐

No ☐

US3242314

Folder: Adverse Events

Form: Adverse Events Summary

Generated On: 26 Nov 2020 10:47:35

Did the participant experience any adverse events?

Yes ☒

No ☐

If Yes, enter details on the Adverse Events form.

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

AEID	USA-US067-2020-MRNA-1273-P30 1000012
Adverse event	PROSTATIC ADENOCARCINOMA (GLEASON SCORE 3+4+=7)
Was this a medically-attended AE?	Yes <input checked="" type="radio"/> No <input type="radio"/>
Was this a Solicited Adverse Reaction?	Yes <input type="radio"/> No <input checked="" type="radio"/>
Is this event a confirmed diagnosis of Symptomatic Covid-19?	Yes <input type="radio"/> No <input checked="" type="radio"/>
Start date (dd MMM yyyy)	06 NOV 2020
Start time (00:00-23:59)	
AE start date and time (derived)	
Ongoing?	Yes <input checked="" type="radio"/> No <input type="radio"/>
If not Ongoing, end date (dd MMM yyyy)	
End time (00:00-23:59)	
AE End Date and Time (derived)	
Severity	Grade 1/Mild <input type="radio"/> Grade 2/Moderate <input type="radio"/> Grade 3/Severe <input checked="" type="radio"/> Grade 4 <input type="radio"/>
Is the adverse event serious?	Yes <input checked="" type="radio"/> No <input type="radio"/>
AE is serious due To (check all that apply)	
Death	False
Life threatening	True
Requires inpatient or prolongation of existing Hospitalization	False
Hospital Admission Date (dd MMM yyyy)	
Hospital Discharge Date (dd MMM yyyy)	
Admitted to ICU?	Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/>

v6.020 DTW (1102)

338 of 1705

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

Number of Days in ICU	
Persistent or significant disability or incapacity	False
Congenital anomaly or birth defect	False
Other medically important event	False
Relationship to investigational product	Not Related <input checked="" type="radio"/> Related <input type="radio"/> Not Applicable <input type="radio"/>
Relationship to Study Procedure	Not Related <input checked="" type="radio"/> Related <input type="radio"/> Not Applicable <input type="radio"/>
Action taken with investigational product	None <input type="radio"/> Dose Delayed <input type="radio"/> Investigational Product <input type="radio"/> Withdrawn <input type="radio"/> Not Applicable <input checked="" type="radio"/>
Other action taken (check all that apply)	
None	False
Concomitant Medication	False
Concomitant Procedure	True
Outcome	Fatal <input type="radio"/> Not Recovered/Not Resolved <input checked="" type="radio"/> Recovered/Resolved <input type="radio"/> Recovered/Resolved with Sequelae <input type="radio"/> Recovering/Resolving <input type="radio"/> Unknown <input type="radio"/>
If outcome is Recovered/Resolved with Sequelae, please specify the sequelae:	
Narrative	

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

SUBJECT WENT TO UROLOGIST
ON 22OCT2020. PROSTATE
BIOPSY WAS SCHEDULED DUE
TO INCREASING PSA LEVELS
OVER LAST SEVERAL YEARS.
MEDICAL RECORDS RECEIVED
TO REVEAL PROSTATIC
ADENOCARCINOMA. PER PI,
THIS DOES MEET SERIOUS
CRITERIA. WILL FOLLOW
SUBJECT FOR PLAN OF
TREATMENT

Serious Adverse Event Derived (CSA Programming Field Only)	1
Medically Attended AE Derived (CSA Programming Field Only)	1
Admitted to ICU Derived (CSA Programming Field Only)	

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination Summary

Generated On: 26 Nov 2020 10:47:35

Were any prior/concomitant medications and/or vaccinations taken?

Yes ☒

No ☐

If Yes, please complete Prior/Concomitant Medication and Vaccination form.

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:47:35

Name of Medication	LISINOPRIL
Prophylaxis	Yes <input type="radio"/> No <input checked="" type="radio"/>
Indication	HYPERTENSION
Dose per administration	40
Dose unit	mg <input checked="" type="radio"/> ug <input type="radio"/> mL <input type="radio"/> g <input type="radio"/> IU <input type="radio"/> tablet <input type="radio"/> capsule <input type="radio"/> puff <input type="radio"/> Other <input type="radio"/>
If dose unit is Other, specify	
Frequency	once daily <input checked="" type="radio"/> twice daily <input type="radio"/> three times daily <input type="radio"/> four times daily <input type="radio"/> every other day <input type="radio"/> every week <input type="radio"/> every month <input type="radio"/> as needed <input type="radio"/> once <input type="radio"/> unknown <input type="radio"/> other <input type="radio"/>
If frequency is Other, specify	
Route of administration	Oral <input checked="" type="radio"/> Topical <input type="radio"/> Subcutaneous <input type="radio"/> Transdermal <input type="radio"/> Intraocular <input type="radio"/> Intramuscular <input type="radio"/>

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:47:35

	Respiratory (Inhalation)	<input type="checkbox"/>
	Intralesional	<input type="checkbox"/>
	Intraperitoneal	<input type="checkbox"/>
	Nasal	<input type="checkbox"/>
	Vaginal	<input type="checkbox"/>
	Rectal	<input type="checkbox"/>
	Intravenous	<input type="checkbox"/>
	Intravenous Bolus	<input type="checkbox"/>
	Intravenous Drip	<input type="checkbox"/>
	Other	<input type="checkbox"/>
<hr/>		
If route of administration is Other, specify <input type="text"/>		
<hr/>		
Start date (dd MMM yyyy)	UN	UNK 1994
Start date completely unknown	False	
Ongoing?	Yes	<input checked="" type="radio"/>
	No	<input type="radio"/>
<hr/>		
If not Ongoing, End date (dd MMM yyyy) <input type="text"/>		
<hr/>		
Was this medication taken for solicited event?	Yes	<input type="radio"/>
	No	<input checked="" type="radio"/>
<hr/>		
Separate Dosage Number (derived)	1	
Interval Dosage Unit Number (derived)	1	
Interval Dosage Definition (derived)	802	<input type="radio"/>
	803	<input type="radio"/>
	804	<input checked="" type="radio"/>

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:47:35

Name of Medication	AMLODIPINE
Prophylaxis	Yes <input type="radio"/> No <input checked="" type="radio"/>
Indication	HYPERTENSION
Dose per administration	5
Dose unit	mg <input checked="" type="radio"/> ug <input type="radio"/> mL <input type="radio"/> g <input type="radio"/> IU <input type="radio"/> tablet <input type="radio"/> capsule <input type="radio"/> puff <input type="radio"/> Other <input type="radio"/>
If dose unit is Other, specify	
Frequency	once daily <input checked="" type="radio"/> twice daily <input type="radio"/> three times daily <input type="radio"/> four times daily <input type="radio"/> every other day <input type="radio"/> every week <input type="radio"/> every month <input type="radio"/> as needed <input type="radio"/> once <input type="radio"/> unknown <input type="radio"/> other <input type="radio"/>
If frequency is Other, specify	
Route of administration	Oral <input checked="" type="radio"/> Topical <input type="radio"/> Subcutaneous <input type="radio"/> Transdermal <input type="radio"/> Intraocular <input type="radio"/> Intramuscular <input type="radio"/>

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:47:35

	Respiratory (Inhalation)	<input type="checkbox"/>
	Intralesional	<input type="checkbox"/>
	Intraperitoneal	<input type="checkbox"/>
	Nasal	<input type="checkbox"/>
	Vaginal	<input type="checkbox"/>
	Rectal	<input type="checkbox"/>
	Intravenous	<input type="checkbox"/>
	Intravenous Bolus	<input type="checkbox"/>
	Intravenous Drip	<input type="checkbox"/>
	Other	<input type="checkbox"/>
If route of administration is Other, specify _____		
Start date (dd MMM yyyy)	UN	UNK 1994
Start date completely unknown	False	
Ongoing?	Yes	<input checked="" type="radio"/>
	No	<input type="radio"/>
If not Ongoing, End date (dd MMM yyyy) _____		
Was this medication taken for solicited event?	Yes	<input type="radio"/>
	No	<input checked="" type="radio"/>
Separate Dosage Number (derived)	1	
Interval Dosage Unit Number (derived)	1	
Interval Dosage Definition (derived)	802	<input type="radio"/>
	803	<input type="radio"/>
	804	<input checked="" type="radio"/>

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:47:35

Name of Medication	LEVOTHYROXINE
Prophylaxis	Yes <input type="radio"/> No <input checked="" type="radio"/>
Indication	HYPOTHYROIDISM
Dose per administration	125
Dose unit	mg <input type="radio"/> ug <input checked="" type="radio"/> mL <input type="radio"/> g <input type="radio"/> IU <input type="radio"/> tablet <input type="radio"/> capsule <input type="radio"/> puff <input type="radio"/> Other <input type="radio"/>
If dose unit is Other, specify _____	
Frequency	once daily <input checked="" type="radio"/> twice daily <input type="radio"/> three times daily <input type="radio"/> four times daily <input type="radio"/> every other day <input type="radio"/> every week <input type="radio"/> every month <input type="radio"/> as needed <input type="radio"/> once <input type="radio"/> unknown <input type="radio"/> other <input type="radio"/>
If frequency is Other, specify _____	
Route of administration	Oral <input checked="" type="radio"/> Topical <input type="radio"/> Subcutaneous <input type="radio"/> Transdermal <input type="radio"/> Intraocular <input type="radio"/> Intramuscular <input type="radio"/>

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:47:35

	Respiratory (Inhalation)	<input type="checkbox"/>
	Intralesional	<input type="checkbox"/>
	Intraperitoneal	<input type="checkbox"/>
	Nasal	<input type="checkbox"/>
	Vaginal	<input type="checkbox"/>
	Rectal	<input type="checkbox"/>
	Intravenous	<input type="checkbox"/>
	Intravenous Bolus	<input type="checkbox"/>
	Intravenous Drip	<input type="checkbox"/>
	Other	<input type="checkbox"/>
<hr/>		
If route of administration is Other, specify <input type="text"/>		
<hr/>		
Start date (dd MMM yyyy)	UN	UNK 2000
Start date completely unknown	False	
Ongoing?	Yes	<input checked="" type="radio"/>
	No	<input type="radio"/>
<hr/>		
If not Ongoing, End date (dd MMM yyyy) <input type="text"/>		
<hr/>		
Was this medication taken for solicited event?	Yes	<input type="radio"/>
	No	<input checked="" type="radio"/>
<hr/>		
Separate Dosage Number (derived)	1	
Interval Dosage Unit Number (derived)	1	
Interval Dosage Definition (derived)	802	<input type="radio"/>
	803	<input type="radio"/>
	804	<input checked="" type="radio"/>

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:47:35

Name of Medication	ASPIRIN
Prophylaxis	Yes <input type="radio"/> No <input checked="" type="radio"/>
Indication	HEART HEALTH
Dose per administration	81
Dose unit	mg <input checked="" type="radio"/> ug <input type="radio"/> mL <input type="radio"/> g <input type="radio"/> IU <input type="radio"/> tablet <input type="radio"/> capsule <input type="radio"/> puff <input type="radio"/> Other <input type="radio"/>
If dose unit is Other, specify	
Frequency	once daily <input checked="" type="radio"/> twice daily <input type="radio"/> three times daily <input type="radio"/> four times daily <input type="radio"/> every other day <input type="radio"/> every week <input type="radio"/> every month <input type="radio"/> as needed <input type="radio"/> once <input type="radio"/> unknown <input type="radio"/> other <input type="radio"/>
If frequency is Other, specify	
Route of administration	Oral <input checked="" type="radio"/> Topical <input type="radio"/> Subcutaneous <input type="radio"/> Transdermal <input type="radio"/> Intraocular <input type="radio"/> Intramuscular <input type="radio"/>

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:47:35

Respiratory (Inhalation)	<input type="checkbox"/>
Intralesional	<input type="checkbox"/>
Intraperitoneal	<input type="checkbox"/>
Nasal	<input type="checkbox"/>
Vaginal	<input type="checkbox"/>
Rectal	<input type="checkbox"/>
Intravenous	<input type="checkbox"/>
Intravenous Bolus	<input type="checkbox"/>
Intravenous Drip	<input type="checkbox"/>
Other	<input type="checkbox"/>
If route of administration is Other, specify _____	
Start date (dd MMM yyyy)	UN JAN 2020
Start date completely unknown	False
Ongoing?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
If not Ongoing, End date (dd MMM yyyy) _____	
Was this medication taken for solicited event?	Yes <input type="radio"/>
	No <input checked="" type="radio"/>
Separate Dosage Number (derived)	1
Interval Dosage Unit Number (derived)	1
Interval Dosage Definition (derived)	802 <input type="radio"/>
	803 <input type="radio"/>
	804 <input checked="" type="radio"/>

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:47:35

Name of Medication	ZYRTEC
Prophylaxis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Indication	SEASONAL AND PERENNIAL ALLERGIC RHINITIS
Dose per administration	10
Dose unit	mg <input checked="" type="checkbox"/> ug <input type="checkbox"/> mL <input type="checkbox"/> g <input type="checkbox"/> IU <input type="checkbox"/> tablet <input type="checkbox"/> capsule <input type="checkbox"/> puff <input type="checkbox"/> Other <input type="checkbox"/>
If dose unit is Other, specify	
Frequency	once daily <input checked="" type="checkbox"/> twice daily <input type="checkbox"/> three times daily <input type="checkbox"/> four times daily <input type="checkbox"/> every other day <input type="checkbox"/> every week <input type="checkbox"/> every month <input type="checkbox"/> as needed <input type="checkbox"/> once <input type="checkbox"/> unknown <input type="checkbox"/> other <input type="checkbox"/>
If frequency is Other, specify	
Route of administration	Oral <input checked="" type="checkbox"/> Topical <input type="checkbox"/> Subcutaneous <input type="checkbox"/> Transdermal <input type="checkbox"/> Intraocular <input type="checkbox"/>

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:47:35

	Intramuscular	<input type="radio"/>
	Respiratory (Inhalation)	<input type="radio"/>
	Intralesional	<input type="radio"/>
	Intraperitoneal	<input type="radio"/>
	Nasal	<input type="radio"/>
	Vaginal	<input type="radio"/>
	Rectal	<input type="radio"/>
	Intravenous	<input type="radio"/>
	Intravenous Bolus	<input type="radio"/>
	Intravenous Drip	<input type="radio"/>
	Other	<input type="radio"/>
<hr/>		
If route of administration is Other, specify <hr/>		
Start date (dd MMM yyyy)	UN UNK 2016	
Start date completely unknown	False	
Ongoing?	Yes	<input checked="" type="radio"/>
	No	<input type="radio"/>
<hr/>		
If not Ongoing, End date (dd MMM yyyy) <hr/>		
Was this medication taken for solicited event?	Yes	<input type="radio"/>
	No	<input checked="" type="radio"/>
Separate Dosage Number (derived)	1	
Interval Dosage Unit Number (derived)	1	
Interval Dosage Definition (derived)	802	<input type="radio"/>
	803	<input type="radio"/>
	804	<input checked="" type="radio"/>

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:47:35

Name of Medication	ACETAMINOPHEN
Prophylaxis	Yes <input type="radio"/> No <input checked="" type="radio"/>
Indication	CHILLS / BODY ACHES
Dose per administration	1000
Dose unit	mg <input checked="" type="radio"/> ug <input type="radio"/> mL <input type="radio"/> g <input type="radio"/> IU <input type="radio"/> tablet <input type="radio"/> capsule <input type="radio"/> puff <input type="radio"/> Other <input type="radio"/>
If dose unit is Other, specify	
Frequency	once daily <input type="radio"/> twice daily <input type="radio"/> three times daily <input type="radio"/> four times daily <input type="radio"/> every other day <input type="radio"/> every week <input type="radio"/> every month <input type="radio"/> as needed <input type="radio"/> once <input checked="" type="radio"/> unknown <input type="radio"/> other <input type="radio"/>
If frequency is Other, specify	
Route of administration	Oral <input checked="" type="radio"/> Topical <input type="radio"/> Subcutaneous <input type="radio"/> Transdermal <input type="radio"/> Intraocular <input type="radio"/> Intramuscular <input type="radio"/>

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:47:35

	Respiratory (Inhalation)	<input type="checkbox"/>
	Intralesional	<input type="checkbox"/>
	Intraperitoneal	<input type="checkbox"/>
	Nasal	<input type="checkbox"/>
	Vaginal	<input type="checkbox"/>
	Rectal	<input type="checkbox"/>
	Intravenous	<input type="checkbox"/>
	Intravenous Bolus	<input type="checkbox"/>
	Intravenous Drip	<input type="checkbox"/>
	Other	<input type="checkbox"/>
If route of administration is Other, specify _____		
Start date (dd MMM yyyy)		10 OCT 2020
Start date completely unknown		False
Ongoing?	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>
If not Ongoing, End date (dd MMM yyyy)		10 OCT 2020
Was this medication taken for solicited event?	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
Separate Dosage Number (derived) _____		
Interval Dosage Unit Number (derived) _____		
Interval Dosage Definition (derived)	802	<input type="checkbox"/>
	803	<input type="checkbox"/>
	804	<input type="checkbox"/>

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:47:35

Name of Medication	ALFUZOSIN
Prophylaxis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Indication	BENIGN PROSTATIC HYPERPLASIA
Dose per administration	10
Dose unit	mg <input checked="" type="checkbox"/> ug <input type="checkbox"/> mL <input type="checkbox"/> g <input type="checkbox"/> IU <input type="checkbox"/> tablet <input type="checkbox"/> capsule <input type="checkbox"/> puff <input type="checkbox"/> Other <input type="checkbox"/>
If dose unit is Other, specify _____	
Frequency	once daily <input checked="" type="checkbox"/> twice daily <input type="checkbox"/> three times daily <input type="checkbox"/> four times daily <input type="checkbox"/> every other day <input type="checkbox"/> every week <input type="checkbox"/> every month <input type="checkbox"/> as needed <input type="checkbox"/> once <input type="checkbox"/> unknown <input type="checkbox"/> other <input type="checkbox"/>
If frequency is Other, specify _____	
Route of administration	Oral <input checked="" type="checkbox"/> Topical <input type="checkbox"/> Subcutaneous <input type="checkbox"/> Transdermal <input type="checkbox"/> Intraocular <input type="checkbox"/>

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:47:35

	Intramuscular	<input type="radio"/>
	Respiratory (Inhalation)	<input type="radio"/>
	Intralesional	<input type="radio"/>
	Intraperitoneal	<input type="radio"/>
	Nasal	<input type="radio"/>
	Vaginal	<input type="radio"/>
	Rectal	<input type="radio"/>
	Intravenous	<input type="radio"/>
	Intravenous Bolus	<input type="radio"/>
	Intravenous Drip	<input type="radio"/>
	Other	<input type="radio"/>
<hr/>		
If route of administration is Other, specify _____		
Start date (dd MMM yyyy)	31 OCT 2020	
Start date completely unknown	False	
Ongoing?	Yes	<input checked="" type="radio"/>
	No	<input type="radio"/>
<hr/>		
If not Ongoing, End date (dd MMM yyyy) _____		
Was this medication taken for solicited event?	Yes	<input type="radio"/>
	No	<input checked="" type="radio"/>
Separate Dosage Number (derived)	1	
Interval Dosage Unit Number (derived)	1	
Interval Dosage Definition (derived)	802	<input type="radio"/>
	803	<input type="radio"/>
	804	<input checked="" type="radio"/>

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:47:35

Name of Medication	CIPROFLOXACIN
Prophylaxis	Yes <input checked="" type="radio"/> No <input type="radio"/>
Indication	PROPHYLAXIS FOR PROSTATE BIOPSY
Dose per administration	500
Dose unit	mg <input checked="" type="radio"/> ug <input type="radio"/> mL <input type="radio"/> g <input type="radio"/> IU <input type="radio"/> tablet <input type="radio"/> capsule <input type="radio"/> puff <input type="radio"/> Other <input type="radio"/>
If dose unit is Other, specify _____	
Frequency	once daily <input type="radio"/> twice daily <input checked="" type="radio"/> three times daily <input type="radio"/> four times daily <input type="radio"/> every other day <input type="radio"/> every week <input type="radio"/> every month <input type="radio"/> as needed <input type="radio"/> once <input type="radio"/> unknown <input type="radio"/> other <input type="radio"/>
If frequency is Other, specify _____	
Route of administration	Oral <input checked="" type="radio"/> Topical <input type="radio"/> Subcutaneous <input type="radio"/> Transdermal <input type="radio"/> Intraocular <input type="radio"/>

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:47:35

	Intramuscular	<input type="checkbox"/>
	Respiratory (Inhalation)	<input type="checkbox"/>
	Intralesional	<input type="checkbox"/>
	Intraperitoneal	<input type="checkbox"/>
	Nasal	<input type="checkbox"/>
	Vaginal	<input type="checkbox"/>
	Rectal	<input type="checkbox"/>
	Intravenous	<input type="checkbox"/>
	Intravenous Bolus	<input type="checkbox"/>
	Intravenous Drip	<input type="checkbox"/>
	Other	<input type="checkbox"/>
If route of administration is Other, specify _____		
Start date (dd MMM yyyy)		2 NOV 2020
Start date completely unknown		False
Ongoing?	Yes	<input checked="" type="radio"/>
	No	<input type="radio"/>
If not Ongoing, End date (dd MMM yyyy) _____		
Was this medication taken for solicited event?	Yes	<input type="radio"/>
	No	<input checked="" type="radio"/>
Separate Dosage Number (derived)		2
Interval Dosage Unit Number (derived)		1
Interval Dosage Definition (derived)	802	<input type="radio"/>
	803	<input type="radio"/>
	804	<input checked="" type="radio"/>

US3242314

Folder: Concomitant Procedures (1)

Form: Concomitant Procedures Summary

Generated On: 26 Nov 2020 10:47:35

Were any concomitant procedures performed?

Yes ☒

No ☐

If yes, please complete Concomitant Procedures form.

US3242314

Folder: Concomitant Procedures (1)

Form: Concomitant Procedures

Generated On: 26 Nov 2020 10:47:35

Procedure/Surgery date (<i>dd MMM</i> <i>yyyy</i>)	Procedure/Surgery	Indication	If indication is Other, specify
04 NOV 2020	PROSTATE BIOPSY	Adverse Event	

US3242314

Folder: End of Study (1)

Form: Dosing Discontinuation

Generated On: 26 Nov 2020 10:47:35

Date of dosing discontinuation (dd MMM yyyy)

Primary reason for dosing discontinuation

AE (specify) ☐

SAE (specify) ☐

Death ☐

Lost To Follow-up ☐

Physician decision (specify) ☐

Pregnancy ☐

Protocol deviation (specify) ☐

Study Terminated By Sponsor ☐

Withdrawal of consent by
participant (specify) ☐

Due to SARS-COV-2 ☐

Other ☐

If reason is AE, SAE, Physician Decision, Withdrawal of consent
by participant, Protocol deviation, or Other, specify

US3242314

Folder: End of Study (1)

Form: End of Study / Study Discontinuation

Generated On: 26 Nov 2020 10:47:35

Date of study discontinuation/completion (*dd MMM yyyy*)

Reason for discontinuation

AE (specify) ☐

SAE (specify) ☐

Complete ☐

Death ☐

Lost To Follow-up ☐

Physician decision (specify) ☐

Pregnancy ☐

Protocol deviation (specify) ☐

Study Terminated By Sponsor ☐

Withdrawal of consent by ☐

participant (specify)

Other ☐

If reason is AE, SAE, Physician Decision, Withdrawal of consent by participant, Protocol deviation, or Other, specify

If reason for discontinuation is Death, main cause of death

Adverse event ☐

Unknown ☐

Other ☐

If main cause of death is Other, specify

Date of death (*dd MMM yyyy*)

Was autopsy performed?

Yes ☐

No ☐

Unknown ☐

US3242314

Folder: SAE USA-US067-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:47:35

SAEID	USA-US067-2020-MRNA-1273-P301000012
Serious	Yes <input checked="" type="radio"/> No <input type="radio"/>
Death	Yes <input type="radio"/> No <input checked="" type="radio"/>
Life threatening	Yes <input checked="" type="radio"/> No <input type="radio"/>
Requires inpatient or prolongation of existing Hospitalization	Yes <input type="radio"/> No <input checked="" type="radio"/>
Persistent or significant disability or incapacity	Yes <input type="radio"/> No <input checked="" type="radio"/>
Congenital anomaly or birth defect	Yes <input type="radio"/> No <input checked="" type="radio"/>
Other medically important event	Yes <input type="radio"/> No <input checked="" type="radio"/>
Investigator's First Name	
Investigator's Last Name	
Site Address: Street	
Site Address: City	
Site Address: State	
Site Address: Postal Code	
Investigator Country	US
E2B Transmit Flag (Derived/Hidden)	1

US3242314

Folder: SAE USA-US067-2020-MRNA-1273-P301000012

Form: Safety Report Form (1)

Generated On: 26 Nov 2020 10:47:35

SAEID	USA-US067-2020-MRNA-1273-P301000012
Serious	Yes <input checked="" type="radio"/> No <input type="radio"/>
Death	Yes <input type="radio"/> No <input checked="" type="radio"/>
Life threatening	Yes <input checked="" type="radio"/> No <input type="radio"/>
Requires inpatient or prolongation of existing Hospitalization	Yes <input type="radio"/> No <input checked="" type="radio"/>
Persistent or significant disability or incapacity	Yes <input type="radio"/> No <input checked="" type="radio"/>
Congenital anomaly or birth defect	Yes <input type="radio"/> No <input checked="" type="radio"/>
Other medically important event	Yes <input type="radio"/> No <input checked="" type="radio"/>
Investigator's First Name	
Investigator's Last Name	
Site Address: Street	
Site Address: City	
Site Address: State	
Site Address: Postal Code	
Investigator Country	US
E2B Transmit Flag (Derived/Hidden)	1
Date of submission (Pre-filled from custom function)	16/NOV/2020 20:23
Check box to submit initial and significant follow-up concerning this SAE. By checking this box I hereby confirm all relevant data has been entered and reviewed to the best of my knowledge.	True

Audit

US3242314 (Prod: Clinical Research Atlanta - ERN-PPDS)

US3242314

Form: Participant Creation

Generated On: 26 Nov 2020 10:47:35

[Participant ID](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:26:51
User entered 'US3242314'	RWS_ENDPOINT ENDPOINT (b) (4)	10 Sep 2020 14:49:29

US3242314

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 10:47:35

[Was this visit performed?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	10 Sep 2020 15:22:57

US3242314

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 10:47:35

[Visit date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '10 SEP 2020'	RWS_ENDPOINT ENDPOINT (b) (4)	10 Sep 2020 14:49:30

US3242314

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 10:47:35

[Was visit performed at the participant's home or at the clinic?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'Clinic (Clinic)'	Donna Toepfer (b) (4)	10 Sep 2020 15:22:57

US3242314

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 10:47:35

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'SCRN'	System	10 Sep 2020 15:22:57

US3242314

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:47:35

Date of Birth (MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered (b) (6) 1945'	RWS_ENDPOINT ENDPOINT (b) (4)	10 Sep 2020 14:49:31

US3242314

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:47:35

[Age](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '75'	Donna Toepfer (b) (4)	10 Sep 2020 15:23:13

US3242314

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:47:35

[Age Units](#)

Audit	User	Time (GMT)
User entered 'YEARS'	System	10 Sep 2020 15:23:13

US3242314

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:47:35

[Age \(Derived\)](#)

Audit	User	Time (GMT)
User entered '75'	System	10 Sep 2020 15:23:29

US3242314

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:47:35

[Sex](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'Male (M)'	Donna Toepfer (b) (4)	10 Sep 2020 15:23:13

US3242314

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:47:35

[Ethnicity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'Not Hispanic or Latino (NOT HISPANIC OR LATINO)'	Donna Toepfer (b) (4)	10 Sep 2020 15:23:13

US3242314

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:47:35

[White](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '1'	Donna Toepfer (b) (4)	10 Sep 2020 15:23:13

US3242314

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:47:35

[Black](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '0'	Donna Toepfer (b) (4)	10 Sep 2020 15:23:13

US3242314

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:47:35

[Asian](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '0'	Donna Toepfer (b) (4)	10 Sep 2020 15:23:13

US3242314

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:47:35

[American Indian or Alaska Native](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '0'	Donna Toepfer (b) (4)	10 Sep 2020 15:23:13

US3242314

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:47:35

[Native Hawaiian or other Pacific Islander](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '0'	Donna Toepfer (b) (4)	10 Sep 2020 15:23:13

US3242314

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:47:35

[Other](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '0'	Donna Toepfer (b) (4)	10 Sep 2020 15:23:13

US3242314

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:47:35

If race is Other, specify

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 15:23:13

US3242314

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:47:35

[Unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '0'	Donna Toepfer (b) (4)	10 Sep 2020 15:23:13

US3242314

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:47:35

[Not reported](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '0'	Donna Toepfer (b) (4)	10 Sep 2020 15:23:13

US3242314

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:47:35

Date of Informed Consent (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '10 Sep 2020'	Donna Toepfer (b) (4)	10 Sep 2020 15:23:29

US3242314

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:47:35

[Month and Year of Informed Consent \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Sep 2020'	System	10 Sep 2020 15:23:29

US3242314

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:47:35

[Year of Informed Consent \(derived\)](#)

Audit	User	Time (GMT)
User entered '2020'	System	10 Sep 2020 15:23:29

US3242314

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:47:35

[Protocol Version](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'Amendment 3 (3)'	Donna Toepfer (b) (4)	10 Sep 2020 15:23:29

US3242314

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:47:35

[Was participant enrolled in the study?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	10 Sep 2020 15:23:29

US3242314

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:47:35

[If No, indicate reason for screen fail](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 15:23:29

US3242314

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:47:35

If reason for screen fail is Other, specify

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 15:23:29

US3242314

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:47:35

[Was this participant screened previously?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'No (N)'	Donna Toepfer (b) (4)	10 Sep 2020 15:23:29

US3242314

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:47:35

[If Yes, previous participant number](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered empty.	RWS_ENDPOINT ENDPOINT (b) (4)	10 Sep 2020 14:49:30

US3242314

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:47:35

[Enrollment Trigger](#)

Audit	User	Time (GMT)
User entered 'I'	System	10 Sep 2020 15:24:34

US3242314

Folder: Screening

Form: Inclusion/Exclusion Criteria Summary

Generated On: 26 Nov 2020 10:47:35

[Did the participant meet all eligibility criteria?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	10 Sep 2020 15:24:34

US3242314

Folder: Screening

Form: Medical History Summary

Generated On: 26 Nov 2020 10:47:35

[Were any significant conditions reported?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	10 Sep 2020 15:24:41

US3242314

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:47:35

[Condition](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User coded data point as SOC: Vascular disorders, HLT: Vascular hypertensive disorders, HLT: Vascular hypertensive disorders NEC, PT: Hypertension, LLT: Hypertension - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	10 Sep 2020 15:27:48
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	10 Sep 2020 15:27:48
Data point term sent to Coder	System	10 Sep 2020 15:26:53
User entered 'Hypertension'	Donna Toepfer (b) (4)	10 Sep 2020 15:26:31

US3242314

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:47:35

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'Un UNK 1994'	Donna Toepfer (b) (4)	10 Sep 2020 15:26:31

US3242314

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:47:35

[Start date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '0'	Donna Toepfer (b) (4)	10 Sep 2020 15:26:31

US3242314

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:47:35

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	10 Sep 2020 15:26:31

US3242314

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:47:35

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 15:26:31

US3242314

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:47:35

[Stop date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '0'	Donna Toepfer (b) (4)	10 Sep 2020 15:26:31

US3242314

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:47:35

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 1994'	System	10 Sep 2020 15:26:31

US3242314

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:47:35

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '1994'	System	10 Sep 2020 15:26:31

US3242314

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:47:35

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	10 Sep 2020 15:26:31

US3242314

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:47:35

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	10 Sep 2020 15:26:31

US3242314

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:47:35

[Condition](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User coded data point as SOC: Endocrine disorders, HLGT: Thyroid gland disorders, HLT: Thyroid hypofunction disorders, PT: Hypothyroidism, LLT: Hypothyroidism - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	10 Sep 2020 15:27:47
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	10 Sep 2020 15:27:47
Data point term sent to Coder	System	10 Sep 2020 15:26:53
User entered 'Hypothyroidism'	Donna Toepfer (b) (4)	10 Sep 2020 15:26:40

US3242314

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:47:35

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'Un UNK 2000'	Donna Toepfer (b) (4)	10 Sep 2020 15:26:40

US3242314

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:47:35

[Start date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '0'	Donna Toepfer (b) (4)	10 Sep 2020 15:26:40

US3242314

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:47:35

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	10 Sep 2020 15:26:40

US3242314

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:47:35

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 15:26:40

US3242314

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:47:35

[Stop date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '0'	Donna Toepfer (b) (4)	10 Sep 2020 15:26:40

US3242314

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:47:35

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2000'	System	10 Sep 2020 15:26:40

US3242314

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:47:35

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2000'	System	10 Sep 2020 15:26:40

US3242314

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:47:35

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	10 Sep 2020 15:26:40

US3242314

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:47:35

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	10 Sep 2020 15:26:40

US3242314

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:47:35

[Condition](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User coded data point as SOC: Eye disorders, HLGT: Ocular haemorrhages and vascular disorders NEC, HLT: Optic nerve bleeding and vascular disorders, PT: Optic ischaemic neuropathy, LLT: Ischemic optic neuropathy - version MedDRA\\23.0.	Coder Import (b) (4)	10 Sep 2020 15:27:46
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	(b) (4)	10 Sep 2020 15:27:46
Data point term sent to Coder	System	10 Sep 2020 15:26:53
User entered 'Ischemic optic neuropathy'	Donna Toepfer (b) (4)	10 Sep 2020 15:26:52

US3242314

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:47:35

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'UN Jan 2020'	Donna Toepfer (b) (4)	10 Sep 2020 15:26:52

US3242314

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:47:35

[Start date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '0'	Donna Toepfer (b) (4)	10 Sep 2020 15:26:52

US3242314

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:47:35

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	10 Sep 2020 15:26:52

US3242314

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:47:35

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 15:26:52

US3242314

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:47:35

[Stop date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '0'	Donna Toepfer (b) (4)	10 Sep 2020 15:26:52

US3242314

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:47:35

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2020'	System	10 Sep 2020 15:26:52

US3242314

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:47:35

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2020'	System	10 Sep 2020 15:26:52

US3242314

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:47:35

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	10 Sep 2020 15:26:52

US3242314

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:47:35

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	10 Sep 2020 15:26:52

US3242314

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:47:35

[Condition](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User coded data point as SOC: Metabolism and nutrition disorders, HLGT: Appetite and general nutritional disorders, HLT: General nutritional disorders NEC, PT: Obesity, LLT: Obesity - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	10 Sep 2020 15:28:54
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	10 Sep 2020 15:28:54
Data point term sent to Coder	System	10 Sep 2020 15:27:54
User entered 'Obesity'	Donna Toepfer (b) (4)	10 Sep 2020 15:27:00

US3242314

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:47:35

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'Un UNK 2016'	Donna Toepfer (b) (4)	10 Sep 2020 15:27:00

US3242314

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:47:35

[Start date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '0'	Donna Toepfer (b) (4)	10 Sep 2020 15:27:00

US3242314

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:47:35

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	10 Sep 2020 15:27:00

US3242314

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:47:35

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 15:27:00

US3242314

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:47:35

[Stop date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '0'	Donna Toepfer (b) (4)	10 Sep 2020 15:27:00

US3242314

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:47:35

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2016'	System	10 Sep 2020 15:27:00

US3242314

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:47:35

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2016'	System	10 Sep 2020 15:27:00

US3242314

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:47:35

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	10 Sep 2020 15:27:00

US3242314

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:47:35

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	10 Sep 2020 15:27:00

US3242314

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:47:35

[Condition](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User coded data point as SOC: Immune system disorders, HLGT: Allergic conditions, HLT: Atopic disorders, PT: Seasonal allergy, LLT: Seasonal allergic rhinitis - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	10 Sep 2020 15:28:53
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	10 Sep 2020 15:28:53
Data point term sent to Coder	System	10 Sep 2020 15:27:56
User entered 'Seasonal allergic rhinitis'	Donna Toepfer (b) (4)	10 Sep 2020 15:27:12

US3242314

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:47:35

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'Un UNK 2016'	Donna Toepfer (b) (4)	10 Sep 2020 15:27:12

US3242314

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:47:35

[Start date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '0'	Donna Toepfer (b) (4)	10 Sep 2020 15:27:12

US3242314

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:47:35

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	10 Sep 2020 15:27:12

US3242314

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:47:35

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 15:27:12

US3242314

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:47:35

[Stop date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '0'	Donna Toepfer (b) (4)	10 Sep 2020 15:27:12

US3242314

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:47:35

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2016'	System	10 Sep 2020 15:27:12

US3242314

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:47:35

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2016'	System	10 Sep 2020 15:27:12

US3242314

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:47:35

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	10 Sep 2020 15:27:12

US3242314

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:47:35

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	10 Sep 2020 15:27:12

US3242314

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:47:35

[Condition](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User coded data point as SOC: Respiratory, thoracic and mediastinal disorders, HLGT: Upper respiratory tract disorders (excl infections), HLT: Nasal congestion and inflammations, PT: Rhinitis perennial, LLT: Perennial allergic rhinitis - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	10 Sep 2020 15:28:52
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	10 Sep 2020 15:28:52
Data point term sent to Coder	System	10 Sep 2020 15:27:56
User entered 'Perennial allergic rhinitis'	Donna Toepfer (b) (4) (b) (4) (b) (4)	10 Sep 2020 15:27:29

US3242314

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:47:35

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'Un UNK 2016'	Donna Toepfer (b) (4)	10 Sep 2020 15:27:29

US3242314

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:47:35

[Start date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '0'	Donna Toepfer (b) (4)	10 Sep 2020 15:27:29

US3242314

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:47:35

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	10 Sep 2020 15:27:29

US3242314

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:47:35

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 15:27:29

US3242314

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:47:35

[Stop date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '0'	Donna Toepfer (b) (4)	10 Sep 2020 15:27:29

US3242314

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:47:35

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2016'	System	10 Sep 2020 15:27:29

US3242314

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:47:35

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2016'	System	10 Sep 2020 15:27:29

US3242314

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:47:35

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	10 Sep 2020 15:27:29

US3242314

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:47:35

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	10 Sep 2020 15:27:29

US3242314

Folder: Screening

Form: Medical History (7)

Generated On: 26 Nov 2020 10:47:35

[Condition](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User coded data point as SOC: Renal and urinary disorders, HLGT: Renal disorders (excl nephropathies), HLT: Renal failure and impairment, PT: Chronic kidney disease, LLT: Chronic kidney disease stage 2 - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	14 Nov 2020 06:21:46
User coded data point as Term Coded data point by User: (b) (6) - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	14 Nov 2020 06:21:46
Data point term sent to Coder	System	13 Nov 2020 13:59:15
User entered 'Chronic Kidney Disease, Stage 2'	Donna Toepfer (b) (4)	13 Nov 2020 13:58:45

US3242314

Folder: Screening

Form: Medical History (7)

Generated On: 26 Nov 2020 10:47:35

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '01 Jun 2019'	Donna Toepfer (b) (4)	13 Nov 2020 13:58:45

US3242314

Folder: Screening

Form: Medical History (7)

Generated On: 26 Nov 2020 10:47:35

[Start date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '0'	Donna Toepfer (b) (4)	13 Nov 2020 13:58:45

US3242314

Folder: Screening

Form: Medical History (7)

Generated On: 26 Nov 2020 10:47:35

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	13 Nov 2020 13:58:45

US3242314

Folder: Screening

Form: Medical History (7)

Generated On: 26 Nov 2020 10:47:35

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered empty.	Donna Toepfer (b) (4)	13 Nov 2020 13:58:45

US3242314

Folder: Screening

Form: Medical History (7)

Generated On: 26 Nov 2020 10:47:35

[Stop date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '0'	Donna Toepfer (b) (4)	13 Nov 2020 13:58:45

US3242314

Folder: Screening

Form: Medical History (7)

Generated On: 26 Nov 2020 10:47:35

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jun 2019'	System	13 Nov 2020 13:58:45

US3242314

Folder: Screening

Form: Medical History (7)

Generated On: 26 Nov 2020 10:47:35

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2019'	System	13 Nov 2020 13:58:45

US3242314

Folder: Screening

Form: Medical History (7)

Generated On: 26 Nov 2020 10:47:35

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	13 Nov 2020 13:58:45

US3242314

Folder: Screening

Form: Medical History (7)

Generated On: 26 Nov 2020 10:47:35

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	13 Nov 2020 13:58:45

US3242314

Folder: Screening

Form: Medical History (8)

Generated On: 26 Nov 2020 10:47:35

[Condition](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User coded data point as SOC: Reproductive system and breast disorders, HLGT: Prostatic disorders (excl infections and inflammations), HLT: Prostatic neoplasms and hypertrophy, PT: Benign prostatic hyperplasia, LLT: Benign prostatic hyperplasia - version MedDRA\\23.0.	Coder Import (b) (4)	13 Nov 2020 13:59:45
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	(b) (4)	13 Nov 2020 13:59:45
Data point term sent to Coder	System	13 Nov 2020 13:59:15
User entered 'Benign Prostatic hyperplasia'	Donna Toepfer (b) (4)	13 Nov 2020 13:59:03

US3242314

Folder: Screening

Form: Medical History (8)

Generated On: 26 Nov 2020 10:47:35

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '27 Jun 2019'	Donna Toepfer (b) (4)	13 Nov 2020 13:59:03

US3242314

Folder: Screening

Form: Medical History (8)

Generated On: 26 Nov 2020 10:47:35

[Start date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '0'	Donna Toepfer (b) (4)	13 Nov 2020 13:59:03

US3242314

Folder: Screening

Form: Medical History (8)

Generated On: 26 Nov 2020 10:47:35

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	13 Nov 2020 13:59:03

US3242314

Folder: Screening

Form: Medical History (8)

Generated On: 26 Nov 2020 10:47:35

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered empty.	Donna Toepfer (b) (4)	13 Nov 2020 13:59:03

US3242314

Folder: Screening

Form: Medical History (8)

Generated On: 26 Nov 2020 10:47:35

[Stop date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '0'	Donna Toepfer (b) (4)	13 Nov 2020 13:59:03

US3242314

Folder: Screening

Form: Medical History (8)

Generated On: 26 Nov 2020 10:47:35

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jun 2019'	System	13 Nov 2020 13:59:03

US3242314

Folder: Screening

Form: Medical History (8)

Generated On: 26 Nov 2020 10:47:35

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2019'	System	13 Nov 2020 13:59:03

US3242314

Folder: Screening

Form: Medical History (8)

Generated On: 26 Nov 2020 10:47:35

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	13 Nov 2020 13:59:03

US3242314

Folder: Screening

Form: Medical History (8)

Generated On: 26 Nov 2020 10:47:35

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	13 Nov 2020 13:59:03

US3242314

Folder: Screening

Form: Medical History (9)

Generated On: 26 Nov 2020 10:47:35

[Condition](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User coded data point as SOC: Investigations, HLT: Cytogenetic investigations, HLT: Cell marker analyses, PT: Prostatic specific antigen increased, LLT: Elevated prostate specific antigen [PSA] - version MedDRA\\23.0.	Coder Import (b) (4)	13 Nov 2020 14:16:44
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4)	13 Nov 2020 14:16:44
Data point term sent to Coder	System	13 Nov 2020 14:00:15
User entered 'Elevated Prostate Specific Antigen'	Donna Toepfer (b) (4)	13 Nov 2020 13:59:21

US3242314

Folder: Screening

Form: Medical History (9)

Generated On: 26 Nov 2020 10:47:35

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '27 Jun 2019'	Donna Toepfer (b) (4)	13 Nov 2020 13:59:21

US3242314

Folder: Screening

Form: Medical History (9)

Generated On: 26 Nov 2020 10:47:35

[Start date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '0'	Donna Toepfer (b) (4)	13 Nov 2020 13:59:21

US3242314

Folder: Screening

Form: Medical History (9)

Generated On: 26 Nov 2020 10:47:35

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	13 Nov 2020 13:59:21

US3242314

Folder: Screening

Form: Medical History (9)

Generated On: 26 Nov 2020 10:47:35

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered empty.	Donna Toepfer (b) (4)	13 Nov 2020 13:59:21

US3242314

Folder: Screening

Form: Medical History (9)

Generated On: 26 Nov 2020 10:47:35

[Stop date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '0'	Donna Toepfer (b) (4)	13 Nov 2020 13:59:21

US3242314

Folder: Screening

Form: Medical History (9)

Generated On: 26 Nov 2020 10:47:35

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jun 2019'	System	13 Nov 2020 13:59:21

US3242314

Folder: Screening

Form: Medical History (9)

Generated On: 26 Nov 2020 10:47:35

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2019'	System	13 Nov 2020 13:59:21

US3242314

Folder: Screening

Form: Medical History (9)

Generated On: 26 Nov 2020 10:47:35

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	13 Nov 2020 13:59:21

US3242314

Folder: Screening

Form: Medical History (9)

Generated On: 26 Nov 2020 10:47:35

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	13 Nov 2020 13:59:21

US3242314

Folder: Screening

Form: Medical History (10)

Generated On: 26 Nov 2020 10:47:35

[Condition](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User coded data point as SOC: Reproductive system and breast disorders, HLGT: Sexual function and fertility disorders, HLT: Erection and ejaculation conditions and disorders, PT: Erectile dysfunction, LLT: Erectile dysfunction - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	13 Nov 2020 14:01:45
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	13 Nov 2020 14:01:45
Data point term sent to Coder	System	13 Nov 2020 14:00:15
User entered 'Erectile Dysfunction'	Donna Toepfer (b) (4)	13 Nov 2020 13:59:36

US3242314

Folder: Screening

Form: Medical History (10)

Generated On: 26 Nov 2020 10:47:35

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '03 Aug 2017'	Donna Toepfer (b) (4)	13 Nov 2020 13:59:36

US3242314

Folder: Screening

Form: Medical History (10)

Generated On: 26 Nov 2020 10:47:35

[Start date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '0'	Donna Toepfer (b) (4)	13 Nov 2020 13:59:36

US3242314

Folder: Screening

Form: Medical History (10)

Generated On: 26 Nov 2020 10:47:35

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	13 Nov 2020 13:59:36

US3242314

Folder: Screening

Form: Medical History (10)

Generated On: 26 Nov 2020 10:47:35

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered empty.	Donna Toepfer (b) (4)	13 Nov 2020 13:59:36

US3242314

Folder: Screening

Form: Medical History (10)

Generated On: 26 Nov 2020 10:47:35

[Stop date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '0'	Donna Toepfer (b) (4)	13 Nov 2020 13:59:36

US3242314

Folder: Screening

Form: Medical History (10)

Generated On: 26 Nov 2020 10:47:35

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Aug 2017'	System	13 Nov 2020 13:59:36

US3242314

Folder: Screening

Form: Medical History (10)

Generated On: 26 Nov 2020 10:47:35

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2017'	System	13 Nov 2020 13:59:36

US3242314

Folder: Screening

Form: Medical History (10)

Generated On: 26 Nov 2020 10:47:35

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	13 Nov 2020 13:59:36

US3242314

Folder: Screening

Form: Medical History (10)

Generated On: 26 Nov 2020 10:47:35

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	13 Nov 2020 13:59:36

US3242314

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	10 Sep 2020 16:04:25

US3242314

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '10 Sep 2020'	Donna Toepfer (b) (4)	10 Sep 2020 16:04:25

US3242314

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

[Time of assessment \(00:00-23:59\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '10:23'	Donna Toepfer (b) (4)	10 Sep 2020 16:04:25

US3242314

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '10 Sep 2020 10:23'	System	10 Sep 2020 16:04:25

US3242314

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

[Height \(xxx.x\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '68' in	Donna Toepfer (b) (4)	10 Sep 2020 16:04:25
DataPoint set to visible.	System	10 Sep 2020 15:24:34

US3242314

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

[Weight \(xxx.x\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '214' lb	Donna Toepfer (b) (4)	10 Sep 2020 16:04:25
DataPoint set to visible.	System	10 Sep 2020 15:24:34

US3242314

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

BMI (xxx.x)

Audit	User	Time (GMT)
User entered '32.60662'	System	10 Sep 2020 16:04:25
DataPoint set to visible.	System	10 Sep 2020 15:24:34

US3242314

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

[BMI units](#)

Audit	User	Time (GMT)
User entered 'kg/m2'	System	10 Sep 2020 16:04:25
DataPoint set to visible.	System	10 Sep 2020 15:24:34

US3242314

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

[Temperature \(xxx.x\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered missing code ND - Not Done.	Donna Toepfer (b) (4)	10 Sep 2020 16:04:25

US3242314

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

[Route of measurement](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 16:04:25

US3242314

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

[If Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 16:04:25

US3242314

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered missing code ND - Not Done.	Donna Toepfer (b) (4)	10 Sep 2020 16:04:25

US3242314

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	10 Sep 2020 16:04:25

US3242314

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered missing code ND - Not Done.	Donna Toepfer (b) (4)	10 Sep 2020 16:04:25

US3242314

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	10 Sep 2020 16:04:25

US3242314

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

[Systolic Blood Pressure \(xxx\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered missing code ND - Not Done.	Donna Toepfer (b) (4)	10 Sep 2020 16:04:25

US3242314

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	10 Sep 2020 16:04:25

US3242314

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered missing code ND - Not Done.	Donna Toepfer (b) (4)	10 Sep 2020 16:04:25

US3242314

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	10 Sep 2020 16:04:25

US3242314

Folder: Screening

Form: Physical Examination

Generated On: 26 Nov 2020 10:47:35

[Was the physical examination performed?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	10 Sep 2020 15:28:37

US3242314

Folder: Screening

Form: Physical Examination

Generated On: 26 Nov 2020 10:47:35

Date of examination (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '10 Sep 2020'	Donna Toepfer (b) (4)	10 Sep 2020 15:28:37

US3242314

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:47:35

Healthcare workers (e.g., doctors, nurses, dentists, hospital support staff, morgue/mortuary workers)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'No (N)'	Donna Toepfer (b) (4)	10 Sep 2020 15:29:35

US3242314

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:47:35

Emergency Response (e.g., Law enforcement officers, Firefighters, emergency medical service workers)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'No (N)'	Donna Toepfer (b) (4)	10 Sep 2020 15:29:35

US3242314

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:47:35

Retail or Restaurant Operations, particularly those in critical and/high-customer volume (e.g., grocery, convenience, hardware, big-box stores)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'No (N)'	Donna Toepfer (b) (4)	10 Sep 2020 15:29:35

US3242314

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:47:35

Manufacturing & Production Operations with inherent overcrowding (e.g., factory workers, meat/food processing plants)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'No (N)'	Donna Toepfer (b) (4)	10 Sep 2020 15:29:35

US3242314

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:47:35

Warehouse shipping and fulfillment centers and jobs (e.g., Amazon facilities)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'No (N)'	Donna Toepfer (b) (4)	10 Sep 2020 15:29:35

US3242314

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:47:35

[Transportation and delivery services](#) (e.g., airlines, public transit, taxi/UBER, fed ex/UPS, postal workers)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'No (N)'	Donna Toepfer (b) (4)	10 Sep 2020 15:29:35

US3242314

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:47:35

Border Protection and Military Personnel (e.g., TSA, custom and border protection agents, military personnel not social distancing)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'No (N)'	Donna Toepfer (b) (4)	10 Sep 2020 15:29:35

US3242314

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:47:35

Personal Care and in-home services (e.g., barber/salon/spa, in-home repair services, electricians, plumbers, janitorial services)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'No (N)'	Donna Toepfer (b) (4)	10 Sep 2020 15:29:35

US3242314

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:47:35

[Hospitality and Tourism Workers](#) (e.g., hotel, casino, amusement/theme park, entertainment, ski resorts)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'No (N)'	Donna Toepfer (b) (4)	10 Sep 2020 15:29:35

US3242314

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:47:35

Pastoral, Social or Public Health Workers requiring frequent contact with community members (e.g., social workers, volunteers, religious clergy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'No (N)'	Donna Toepfer (b) (4)	10 Sep 2020 15:29:35

US3242314

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:47:35

Educators and Students (e.g., teachers, administrators, support staff, and students interacting in face-to-face school setting)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'No (N)'	Donna Toepfer (b) (4)	10 Sep 2020 15:29:35

US3242314

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:47:35

[Other](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	10 Sep 2020 15:29:35

US3242314

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:47:35

[Specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'plays golf with 20 other pp, volunteers at (b) (6) '	Donna Toepfer (b) (4)	10 Sep 2020 15:29:35

US3242314

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:47:35

No Risk Identified

Audit	User	Time (GMT)
User entered '0'	Donna Toepfer (b) (4)	10 Sep 2020 15:29:35

US3242314

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:47:35

[Resides in Nursing Home or Assisted Living Facility](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '0'	Donna Toepfer (b) (4)	10 Sep 2020 15:29:35

US3242314

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:47:35

Resides in Multi-family dwelling (e.g., cohabitation in dwelling with > 5 people, includes grandparents living with children < 18yrs)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '0'	Donna Toepfer (b) (4)	10 Sep 2020 15:29:35

US3242314

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:47:35

Resides in high density housing (e.g., high rise apartments with shared entrances or elevators)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '0'	Donna Toepfer (b) (4)	10 Sep 2020 15:29:35

US3242314

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:47:35

Resides in low density, multi-family setting without (e.g., apartments complex without shared entrances or elevators, duplexes)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '0'	Donna Toepfer (b) (4)	10 Sep 2020 15:29:35

US3242314

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:47:35

[Resides in a single family home](#) (i.e., detached housing)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'I'	Donna Toepfer (b) (4)	10 Sep 2020 15:29:35

US3242314

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:47:35

[Other](#)

Audit	User	Time (GMT)
User entered '0'	Donna Toepfer (b) (4)	10 Sep 2020 15:29:35

US3242314

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:47:35

[Specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 15:29:35

US3242314

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 10:47:35

[Was this visit performed?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	10 Sep 2020 15:30:06

US3242314

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 10:47:35

[Visit date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered '10 Sep 2020'	Donna Toepfer (b) (4)	10 Sep 2020 15:30:06

US3242314

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 10:47:35

[Was visit performed at the participant's home or at the clinic?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered 'Clinic (Clinic)'	Donna Toepfer (b) (4)	10 Sep 2020 15:30:06

US3242314

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 10:47:35

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'VISIT1'	System	10 Sep 2020 15:30:06

US3242314

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:47:35

What was the date of randomization? (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered '10 SEP 2020'	RWS_ENDPOINT ENDPOINT (b) (4)	10 Sep 2020 15:44:41

US3242314

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:47:35

[What was the participant's randomization number?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered '189759'	RWS_ENDPOINT ENDPOINT (b) (4)	10 Sep 2020 15:44:41

US3242314

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:47:35

[In what Cohort was the participant enrolled?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered '>=65 years (3)'	RWS_ENDPOINT ENDPOINT (b) (4)	10 Sep 2020 15:44:41

US3242314

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:47:35

Chronic lung disease (eg, emphysema and chronic bronchitis, idiopathic pulmonary fibrosis and cystic fibrosis, or moderate to severe asthma)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered 'No (N)'	Donna Toepfer (b) (4)	10 Sep 2020 15:30:22

US3242314

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:47:35

Significant cardiac disease (eg, heart failure, coronary artery disease, congenital heart disease, cardiomyopathies, and pulmonary hypertension)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered 'No (N)'	Donna Toepfer (b) (4)	10 Sep 2020 15:30:22

US3242314

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:47:35

Severe obesity (body mass index > or = 40kg/m2

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered 'No (N)'	Donna Toepfer (b) (4)	10 Sep 2020 15:30:22

US3242314

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:47:35

Diabetes (Type I, Type 2, or gestational)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered 'No (N)'	Donna Toepfer (b) (4)	10 Sep 2020 15:30:22

US3242314

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:47:35

[Liver Disease](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered 'No (N)'	Donna Toepfer (b) (4)	10 Sep 2020 15:30:22

US3242314

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:47:35

[Human Immunodeficiency Virus \(HIV\) infection](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered 'No (N)'	Erynn McKinley (b) (4)	23 Sep 2020 19:11:47
Amendment Manager: DataPoint set to visible.	(b) (4)	19 Sep 2020 05:57:59
Amendment Manager inserted this DataPoint.	System	19 Sep 2020 05:57:58

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:47:35

[Height](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered missing code ND - Not Done.	Erynn McKinley (b) (4)	10 Sep 2020 17:35:21
	(b) (4)	

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:47:35

[Weight](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered missing code ND - Not Done.	Erynn McKinley (b) (4)	10 Sep 2020 17:35:21
	(b) (4)	

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:47:35

[Height](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered missing code ND - Not Done.	Erynn McKinley (b) (4)	10 Sep 2020 17:35:21
	(b) (4)	

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:47:35

[Weight](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered missing code ND - Not Done.	Erynn McKinley (b) (4)	10 Sep 2020 17:35:21
	(b) (4)	

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:47:35

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Pre-Dose (PREDOSE)'	Erynn McKinley (b) (4)	10 Sep 2020 17:35:21
	(b) (4)	

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:47:35

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered 'Yes (Y)'	Erynn McKinley (b) (4)	10 Sep 2020 17:35:21
	(b) (4)	

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:47:35

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered '10 Sep 2020'	Erynn McKinley (b) (4)	10 Sep 2020 17:35:21
	(b) (4)	

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:47:35

Time of assessment (00:00-23:59)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered '10:37'	Erynn McKinley (b) (4)	10 Sep 2020 17:35:21
	(b) (4)	

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:47:35

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '10 Sep 2020 10:37'	System	10 Sep 2020 17:35:21

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:47:35

Temperature (xxx.x)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered '97.3' F	Erynn McKinley (b) (4)	10 Sep 2020 17:35:21
	(b) (4)	

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:47:35

[Route of measurement](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered 'Oral (Oral)'	Erynn McKinley (b) (4)	10 Sep 2020 17:35:21
	(b) (4)	

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:47:35

[If Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered empty.	Erynn McKinley (b) (4)	10 Sep 2020 17:35:21
	(b) (4)	

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:47:35

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered '64'	Erynn McKinley (b) (4)	10 Sep 2020 17:35:21
	(b) (4)	

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:47:35

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	10 Sep 2020 17:35:21

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:47:35

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered '14'	Erynn McKinley (b) (4)	10 Sep 2020 17:35:21
	(b) (4)	

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:47:35

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	10 Sep 2020 17:35:21

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:47:35

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered '138'	Erynn McKinley (b) (4)	10 Sep 2020 17:35:21
	(b) (4)	

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:47:35

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	10 Sep 2020 17:35:21

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:47:35

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered '72'	Erynn McKinley (b) (4)	10 Sep 2020 17:35:21
	(b) (4)	

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:47:35

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	10 Sep 2020 17:35:21

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:47:35

[Height](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered missing code ND - Not Done.	Erynn McKinley (b) (4)	10 Sep 2020 17:35:21
	(b) (4)	

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:47:35

[Weight](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered missing code ND - Not Done.	Erynn McKinley (b) (4)	10 Sep 2020 17:35:21
	(b) (4)	

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:47:35

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Post-Dose (POSTDOSE)'	Erynn McKinley (b) (4) (b) (4)	10 Sep 2020 17:35:21

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:47:35

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered 'Yes (Y)'	Erynn McKinley (b) (4)	10 Sep 2020 17:35:21
	(b) (4)	

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:47:35

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered '10 Sep 2020'	Erynn McKinley (b) (4)	10 Sep 2020 17:35:21
	(b) (4)	

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:47:35

Time of assessment (00:00-23:59)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered '12:50'	Erynn McKinley (b) (4)	10 Sep 2020 17:35:21
	(b) (4)	

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:47:35

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '10 Sep 2020 12:50'	System	10 Sep 2020 17:35:21

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:47:35

Temperature (xxx.x)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered '97.5' F	Erynn McKinley (b) (4)	10 Sep 2020 17:35:21
	(b) (4)	

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:47:35

[Route of measurement](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered 'Oral (Oral)'	Erynn McKinley (b) (4)	10 Sep 2020 17:35:21
	(b) (4)	

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:47:35

[If Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered empty.	Erynn McKinley (b) (4)	10 Sep 2020 17:35:21
	(b) (4)	

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:47:35

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered '60'	Erynn McKinley (b) (4)	10 Sep 2020 17:35:21
	(b) (4)	

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:47:35

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	10 Sep 2020 17:35:21

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:47:35

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered '16'	Erynn McKinley (b) (4)	10 Sep 2020 17:35:21
	(b) (4)	

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:47:35

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	10 Sep 2020 17:35:21

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:47:35

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered '134'	Erynn McKinley (b) (4)	10 Sep 2020 17:35:21
	(b) (4)	

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:47:35

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	10 Sep 2020 17:35:21

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:47:35

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered '72'	Erynn McKinley (b) (4)	10 Sep 2020 17:35:21
	(b) (4)	

US3242314

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:47:35

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	10 Sep 2020 17:35:21

US3242314

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 10:47:35

[Was the physical examination performed?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered 'No (N)'	Donna Toepfer (b) (4)	10 Sep 2020 16:07:24

US3242314

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 10:47:35

Date of examination (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 16:07:24

US3242314

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:47:35

[Was study treatment given?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	10 Sep 2020 16:23:29

US3242314

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:47:35

[If No, reason not given](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 16:23:29

US3242314

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:47:35

If reason is Physician Decision, Withdrawal of Consent by Participant, Protocol Deviation, or Other, specify

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 16:23:29

US3242314

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:47:35

[What was the study treatment?](#)

Audit	User	Time (GMT)
User entered 'MRNA-1273 OR PLACEBO'	System	10 Sep 2020 16:23:29

US3242314

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:47:35

What was the treatment date? (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered '10 Sep 2020'	Donna Toepfer (b) (4)	10 Sep 2020 16:23:29

US3242314

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:47:35

[What was the treatment time? \(00:00-23:59\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered '12:20'	Donna Toepfer (b) (4)	10 Sep 2020 16:23:29

US3242314

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:47:35

[Treatment Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '10 Sep 2020 12:20'	System	10 Sep 2020 16:23:29

US3242314

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:47:35

[Which arm was used to give treatment?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered 'Left Arm (LEFT ARM)'	Donna Toepfer (b) (4)	10 Sep 2020 16:23:29

US3242314

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:47:35

[What was the frequency of the study treatment dosing?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered 'ONCE'	System	10 Sep 2020 16:23:29

US3242314

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:47:35

[What was the route of administration for the study treatment?](#)

Audit	User	Time (GMT)
User entered 'INTRAMUSCULAR'	System	10 Sep 2020 16:23:29

US3242314

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:47:35

[Was the sample collected?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	10 Sep 2020 16:09:22

US3242314

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:47:35

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered '10 Sep 2020'	Donna Toepfer (b) (4)	10 Sep 2020 16:09:22

US3242314

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:47:35

[Collection time \(00:00-23:59\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered '11:43'	Donna Toepfer (b) (4)	10 Sep 2020 16:09:22

US3242314

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:47:35

[Collection date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered '10 Sep 2020 11:43'	System	10 Sep 2020 16:09:22

US3242314

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 10:47:35

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered '10 Sep 2020'	Donna Toepfer (b) (4)	10 Sep 2020 16:09:34

US3242314

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:47:35

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 1 (NASAL1)'	Donna Toepfer (b) (4)	10 Sep 2020 16:09:34

US3242314

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:47:35

[Was the sample collected?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	10 Sep 2020 16:09:34

US3242314

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:47:35

[Collection time \(00:00 - 23:59\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered '11:43'	Donna Toepfer (b) (4)	10 Sep 2020 16:09:34

US3242314

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:47:35

[Collection date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered '10 Sep 2020 11:43'	System	10 Sep 2020 16:09:34

US3242314

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:47:35

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 2 (NASAL2)'	Donna Toepfer (b) (4)	10 Sep 2020 16:09:34

US3242314

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:47:35

[Was the sample collected?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered 'No (N)'	Donna Toepfer (b) (4)	10 Sep 2020 16:09:34

US3242314

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:47:35

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 16:09:34

US3242314

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:47:35

[Collection date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	10 Sep 2020 16:09:34

US3242314

Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 10:47:35

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:29:16
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	10 Sep 2020 16:09:38

US3242314

Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 10:47:35

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	10 Sep 2020 16:09:38

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	10 Sep 2020 16:23:29
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-10T12:54:09', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'ec9bef7c-fa98-4f2b-9364-0415d52af7f3'	System	10 Sep 2020 16:54:38
User entered 'Yes (Y)'	System	10 Sep 2020 16:54:38

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-10T12:54:17', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'ec9bef7c-fa98-4f2b-9364-0415d52af7f3'	System	10 Sep 2020 16:54:38
User entered '96.4'	System	10 Sep 2020 16:54:38

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

Was any **MEDICATION TAKEN** today for pain or fever?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-10T12:54:23', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'ec9bef7c-fa98-4f2b-9364-0415d52af7f3'	System	10 Sep 2020 16:54:38
User entered 'No (N)'	System	10 Sep 2020 16:54:38

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-10T12:54:30', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'ec9bef7c-fa98-4f2b-9364-0415d52af7f3'	System	10 Sep 2020 16:54:38
User entered '10 Sep 2020 12:54'	System	10 Sep 2020 16:54:38

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '10 Sep 2020 12:40'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '10 Sep 2020 15:10'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	10 Sep 2020 16:23:29
User entered 'Day 1, after vaccination (at home)'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-10T21:12:50', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'd9a023ec-3de4-44f7-b40e-1c3ad65033a4'	System	11 Sep 2020 01:16:53
User entered 'Yes (Y)'	System	11 Sep 2020 01:16:53

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-10T21:16:41', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'd9a023ec-3de4-44f7-b40e-1c3ad65033a4'	System	11 Sep 2020 01:16:53
User entered '97.2'	System	11 Sep 2020 01:16:53

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

Was any **MEDICATION TAKEN** today for pain or fever?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-10T21:16:46', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'd9a023ec-3de4-44f7-b40e-1c3ad65033a4'	System	11 Sep 2020 01:16:53
User entered 'No (N)'	System	11 Sep 2020 01:16:53

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-10T21:16:51', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'd9a023ec-3de4-44f7-b40e-1c3ad65033a4'	System	11 Sep 2020 01:16:53
User entered '10 Sep 2020 21:16'	System	11 Sep 2020 01:16:53

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '10 Sep 2020 16:05'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '11 Sep 2020 11:59'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	10 Sep 2020 16:23:29
User entered 'Day 2'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:47:35

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-11T22:26:20', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '983c0113-c123-4659-99f1-482e6726c3b7'	System	12 Sep 2020 02:28:54
User entered 'Yes (Y)'	System	12 Sep 2020 02:28:54

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:47:35

Please record your **TEMPERATURE in °F**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-11T22:27:18', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '983c0113-c123-4659-99f1-482e6726c3b7'	System	12 Sep 2020 02:28:54
User entered '98.0'	System	12 Sep 2020 02:28:54

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:47:35

Was any **MEDICATION TAKEN** today for pain or fever?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-11T22:27:24', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '983c0113-c123-4659-99f1-482e6726c3b7'	System	12 Sep 2020 02:28:54
User entered 'No (N)'	System	12 Sep 2020 02:28:54

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:47:35

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-11T22:27:31', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '983c0113-c123-4659-99f1-482e6726c3b7'	System	12 Sep 2020 02:28:54
User entered '11 Sep 2020 22:27'	System	12 Sep 2020 02:28:54

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '11 Sep 2020 12:00'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '12 Sep 2020 11:59'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	10 Sep 2020 16:23:29
User entered 'Day 3'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:47:35

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-12T21:31:24', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '7be0872a-7a94-4a14-b059-88b961b3e6a7'	System	13 Sep 2020 01:31:40
User entered 'Yes (Y)'	System	13 Sep 2020 01:31:40

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:47:35

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-12T21:31:30', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '7be0872a-7a94-4a14-b059-88b961b3e6a7'	System	13 Sep 2020 01:31:40
User entered '97.4'	System	13 Sep 2020 01:31:40

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:47:35

Was any **MEDICATION TAKEN** today for pain or fever?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-12T21:31:34', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '7be0872a-7a94-4a14-b059-88b961b3e6a7'	System	13 Sep 2020 01:31:40
User entered 'No (N)'	System	13 Sep 2020 01:31:40

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:47:35

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-12T21:31:38', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '7be0872a-7a94-4a14-b059-88b961b3e6a7'	System	13 Sep 2020 01:31:40
User entered '12 Sep 2020 21:31'	System	13 Sep 2020 01:31:40

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '12 Sep 2020 12:00'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '13 Sep 2020 11:59'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	10 Sep 2020 16:23:29
User entered 'Day 4'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:47:35

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-13T23:24:17', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '0557cd8b-c903-4c73-aa27-bb5585281c41'	System	14 Sep 2020 03:24:51
User entered 'Yes (Y)'	System	14 Sep 2020 03:24:51

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:47:35

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-13T23:24:41', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '0557cd8b-c903-4c73-aa27-bb5585281c41'	System	14 Sep 2020 03:24:51
User entered '97.6'	System	14 Sep 2020 03:24:51

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:47:35

Was any **MEDICATION TAKEN** today for pain or fever?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-13T23:24:46', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '0557cd8b-c903-4c73-aa27-bb5585281c41'	System	14 Sep 2020 03:24:51
User entered 'No (N)'	System	14 Sep 2020 03:24:51

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:47:35

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-13T23:24:49', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '0557cd8b-c903-4c73-aa27-bb5585281c41'	System	14 Sep 2020 03:24:51
User entered '13 Sep 2020 23:24'	System	14 Sep 2020 03:24:51

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '13 Sep 2020 12:00'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '14 Sep 2020 11:59'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	10 Sep 2020 16:23:29
User entered 'Day 5'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:47:35

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-14T23:17:17', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '7bb161b1-e505-4a36-9373-23e8d3ee2d13'	System	15 Sep 2020 03:20:44
User entered 'Yes (Y)'	System	15 Sep 2020 03:20:44

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:47:35

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-14T23:20:34', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '7bb161b1-e505-4a36-9373-23e8d3ee2d13'	System	15 Sep 2020 03:20:44
User entered '97.0'	System	15 Sep 2020 03:20:44

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:47:35

Was any **MEDICATION TAKEN** today for pain or fever?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-14T23:20:38', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '7bb161b1-e505-4a36-9373-23e8d3ee2d13'	System	15 Sep 2020 03:20:44
User entered 'No (N)'	System	15 Sep 2020 03:20:44

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:47:35

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-14T23:20:42', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '7bb161b1-e505-4a36-9373-23e8d3ee2d13'	System	15 Sep 2020 03:20:44
User entered '14 Sep 2020 23:20'	System	15 Sep 2020 03:20:44

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '14 Sep 2020 12:00'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '15 Sep 2020 11:59'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	10 Sep 2020 16:23:29
User entered 'Day 6'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:47:35

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-15T22:40:16', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'b36758f7-a1ac-4982-9101-04cf242d24d7'	System	16 Sep 2020 02:40:54
User entered 'Yes (Y)'	System	16 Sep 2020 02:40:54

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:47:35

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-15T22:40:38', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'b36758f7-a1ac-4982-9101-04cf242d24d7'	System	16 Sep 2020 02:40:54
User entered '97.4'	System	16 Sep 2020 02:40:54

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:47:35

Was any **MEDICATION TAKEN** today for pain or fever?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-15T22:40:47', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'b36758f7-a1ac-4982-9101-04cf242d24d7'	System	16 Sep 2020 02:40:54
User entered 'No (N)'	System	16 Sep 2020 02:40:54

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:47:35

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-15T22:40:51', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'b36758f7-a1ac-4982-9101-04cf242d24d7'	System	16 Sep 2020 02:40:54
User entered '15 Sep 2020 22:40'	System	16 Sep 2020 02:40:54

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '15 Sep 2020 12:00'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '16 Sep 2020 11:59'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	10 Sep 2020 16:23:29
User entered 'Day 7'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:47:35

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-17T03:05:12', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'c381fe7f-cca1-443a-beb9-ad033bcad970'	System	17 Sep 2020 07:05:26
User entered 'Yes (Y)'	System	17 Sep 2020 07:05:26

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:47:35

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-17T03:05:18', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'c381fe7f-cca1-443a-beb9-ad033bcad970'	System	17 Sep 2020 07:05:26
User entered '97.8'	System	17 Sep 2020 07:05:26

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:47:35

Was any **MEDICATION TAKEN** today for pain or fever?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-17T03:05:21', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'c381fe7f-cca1-443a-beb9-ad033bcad970'	System	17 Sep 2020 07:05:26
User entered 'No (N)'	System	17 Sep 2020 07:05:26

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:47:35

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-17T03:05:25', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'c381fe7f-cca1-443a-beb9-ad033bcad970'	System	17 Sep 2020 07:05:26
User entered '17 Sep 2020 03:05'	System	17 Sep 2020 07:05:26

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '16 Sep 2020 12:00'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '17 Sep 2020 11:59'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	10 Sep 2020 16:23:29
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-10T12:54:59', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '356de52b-f138-4489-ab3d-856233d49c40'	System	10 Sep 2020 16:55:20
User entered 'None (1)'	System	10 Sep 2020 16:55:20

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

Is there any **REDNESS AT INJECTION SITE?**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-10T12:55:03', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '356de52b-f138-4489-ab3d-856233d49c40'	System	10 Sep 2020 16:55:20
User entered 'No (N)'	System	10 Sep 2020 16:55:20

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-10T12:55:06', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '356de52b-f138-4489-ab3d-856233d49c40'	System	10 Sep 2020 16:55:20
User entered 'No (N)'	System	10 Sep 2020 16:55:20

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

[Please record](#) - **UNDERARM GLAND SWELLING OR TENDERNESS.**

[Please select one response below](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-10T12:55:11', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '356de52b-f138-4489-ab3d-856233d49c40'	System	10 Sep 2020 16:55:20
User entered 'None (1)'	System	10 Sep 2020 16:55:20

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-10T12:55:16', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '356de52b-f138-4489-ab3d-856233d49c40'	System	10 Sep 2020 16:55:20
User entered '10 Sep 2020 12:55'	System	10 Sep 2020 16:55:20

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '10 Sep 2020 12:40'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '10 Sep 2020 15:10'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	10 Sep 2020 16:23:29
User entered 'Day 1, after vaccination (at home)'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-10T21:17:09', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '63b092f5-babf-4a9c-b5c6-836744da5a40'	System	11 Sep 2020 01:17:35
User entered 'None (1)'	System	11 Sep 2020 01:17:35

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

Is there any **REDNESS AT INJECTION SITE?**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-10T21:17:14', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '63b092f5-babf-4a9c-b5c6-836744da5a40'	System	11 Sep 2020 01:17:35
User entered 'No (N)'	System	11 Sep 2020 01:17:35

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-10T21:17:22', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '63b092f5-babf-4a9c-b5c6-836744da5a40'	System	11 Sep 2020 01:17:35
User entered 'No (N)'	System	11 Sep 2020 01:17:35

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

Please record - **UNDERARM GLAND SWELLING OR TENDERNESS.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-10T21:17:30', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '63b092f5-babf-4a9c-b5c6-836744da5a40'	System	11 Sep 2020 01:17:35
User entered 'None (1)'	System	11 Sep 2020 01:17:35

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-10T21:17:33', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '63b092f5-babf-4a9c-b5c6-836744da5a40'	System	11 Sep 2020 01:17:35
User entered '10 Sep 2020 21:17'	System	11 Sep 2020 01:17:35

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '10 Sep 2020 16:05'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '11 Sep 2020 11:59'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	10 Sep 2020 16:23:29
User entered 'Day 2'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:47:35

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-11T22:27:51', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '826492ad-52f4-49cd-8ba1-8b06e50cda84'	System	12 Sep 2020 02:28:34
User entered 'None (1)'	System	12 Sep 2020 02:28:34

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:47:35

Is there any **REDNESS AT INJECTION SITE?**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-11T22:27:55', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '826492ad-52f4-49cd-8ba1-8b06e50cda84'	System	12 Sep 2020 02:28:34
User entered 'No (N)'	System	12 Sep 2020 02:28:34

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:47:35

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-11T22:28:00', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '826492ad-52f4-49cd-8ba1-8b06e50cda84'	System	12 Sep 2020 02:28:34
User entered 'No (N)'	System	12 Sep 2020 02:28:34

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:47:35

Please record - **UNDERARM GLAND SWELLING OR TENDERNESS.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-11T22:28:10', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '826492ad-52f4-49cd-8ba1-8b06e50cda84'	System	12 Sep 2020 02:28:34
User entered 'None (1)'	System	12 Sep 2020 02:28:34

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:47:35

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-11T22:28:16', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '826492ad-52f4-49cd-8ba1-8b06e50cda84'	System	12 Sep 2020 02:28:34
User entered '11 Sep 2020 22:28'	System	12 Sep 2020 02:28:34

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '11 Sep 2020 12:00'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '12 Sep 2020 11:59'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	10 Sep 2020 16:23:29
User entered 'Day 3'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:47:35

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-12T21:31:45', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'ac1d6862-415e-4918-a64d-abb11cbcd4d2'	System	13 Sep 2020 01:33:11
User entered 'None (1)'	System	13 Sep 2020 01:33:11

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:47:35

Is there any **REDNESS AT INJECTION SITE?**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-12T21:31:49', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'ac1d6862-415e-4918-a64d-abb11cbcd4d2'	System	13 Sep 2020 01:33:11
User entered 'No (N)'	System	13 Sep 2020 01:33:11

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:47:35

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-12T21:31:54', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'ac1d6862-415e-4918-a64d-abb11cbcd4d2'	System	13 Sep 2020 01:33:11
User entered 'Yes (Y)'	System	13 Sep 2020 01:33:11

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:47:35

Please record - **SWELLING/HARDNESS AT INJECTION SITE (in mm)**

Measure the largest size across any injection site swelling/hardness with the ruler provided.

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-12T21:32:54', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'ac1d6862-415e-4918-a64d-abb11cbcd4d2' User entered '8'	System	13 Sep 2020 01:33:11
	System	13 Sep 2020 01:33:11

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:47:35

Please record - **UNDERARM GLAND SWELLING OR TENDERNESS.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-12T21:32:59', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'ac1d6862-415e-4918-a64d-abb11cbcd4d2'	System	13 Sep 2020 01:33:11
User entered 'None (1)'	System	13 Sep 2020 01:33:11

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:47:35

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-12T21:33:09', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'ac1d6862-415e-4918-a64d-abb11cbcd4d2'	System	13 Sep 2020 01:33:11
User entered '12 Sep 2020 21:33'	System	13 Sep 2020 01:33:11

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '12 Sep 2020 12:00'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '13 Sep 2020 11:59'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	10 Sep 2020 16:23:29
User entered 'Day 4'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:47:35

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-13T23:23:09', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'e8315cae-e09a-4b61-bab1-79e3570d0515'	System	14 Sep 2020 03:23:38
User entered 'None (1)'	System	14 Sep 2020 03:23:38

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:47:35

Is there any **REDNESS AT INJECTION SITE?**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-13T23:23:12', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'e8315cae-e09a-4b61-bab1-79e3570d0515'	System	14 Sep 2020 03:23:38
User entered 'No (N)'	System	14 Sep 2020 03:23:38

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:47:35

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-13T23:23:18', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'e8315cae-e09a-4b61-bab1-79e3570d0515'	System	14 Sep 2020 03:23:38
User entered 'Yes (Y)'	System	14 Sep 2020 03:23:38

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:47:35

Please record - **SWELLING/HARDNESS AT INJECTION SITE (in mm)**

Measure the largest size across any injection site swelling/hardness with the ruler provided.

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-13T23:23:26', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'e8315cae-e09a-4b61-bab1-79e3570d0515' User entered '4'	System	14 Sep 2020 03:23:38
	System	14 Sep 2020 03:23:38

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:47:35

Please record - **UNDERARM GLAND SWELLING OR TENDERNESS.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-13T23:23:31', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'e8315cae-e09a-4b61-bab1-79e3570d0515'	System	14 Sep 2020 03:23:38
User entered 'None (1)'	System	14 Sep 2020 03:23:38

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:47:35

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-13T23:23:37', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'e8315cae-e09a-4b61-bab1-79e3570d0515'	System	14 Sep 2020 03:23:38
User entered '13 Sep 2020 23:23'	System	14 Sep 2020 03:23:38

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '13 Sep 2020 12:00'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '14 Sep 2020 11:59'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	10 Sep 2020 16:23:29
User entered 'Day 5'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:47:35

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-14T23:16:26', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '5cc64dac-4a04-412b-9b7d-c5d11c2032cb'	System	15 Sep 2020 03:16:45
User entered 'None (1)'	System	15 Sep 2020 03:16:45

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:47:35

Is there any **REDNESS AT INJECTION SITE?**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-14T23:16:30', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '5cc64dac-4a04-412b-9b7d-c5d11c2032cb'	System	15 Sep 2020 03:16:45
User entered 'No (N)'	System	15 Sep 2020 03:16:45

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:47:35

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-14T23:16:34', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '5cc64dac-4a04-412b-9b7d-c5d11c2032cb'	System	15 Sep 2020 03:16:45
User entered 'No (N)'	System	15 Sep 2020 03:16:45

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:47:35

Please record - **UNDERARM GLAND SWELLING OR TENDERNESS.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-14T23:16:38', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '5cc64dac-4a04-412b-9b7d-c5d11c2032cb' User entered 'None (1)'	System	15 Sep 2020 03:16:45
	System	15 Sep 2020 03:16:45

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:47:35

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-14T23:16:41', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '5cc64dac-4a04-412b-9b7d-c5d11c2032cb' User entered '14 Sep 2020 23:16'	System	15 Sep 2020 03:16:45
	System	15 Sep 2020 03:16:45

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '14 Sep 2020 12:00'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '15 Sep 2020 11:59'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	10 Sep 2020 16:23:29
User entered 'Day 6'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:47:35

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-15T22:39:04', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'e8c9b3e1-9cf1-4bc0-9461-8b5afe5ce162'	System	16 Sep 2020 02:39:26
User entered 'None (1)'	System	16 Sep 2020 02:39:26

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:47:35

Is there any **REDNESS AT INJECTION SITE?**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-15T22:39:07', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'e8c9b3e1-9cf1-4bc0-9461-8b5afe5ce162'	System	16 Sep 2020 02:39:26
User entered 'No (N)'	System	16 Sep 2020 02:39:26

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:47:35

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-15T22:39:12', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'e8c9b3e1-9cf1-4bc0-9461-8b5afe5ce162'	System	16 Sep 2020 02:39:26
User entered 'No (N)'	System	16 Sep 2020 02:39:26

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:47:35

Please record - **UNDERARM GLAND SWELLING OR TENDERNESS.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-15T22:39:16', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'e8c9b3e1-9cf1-4bc0-9461-8b5afe5ce162'	System	16 Sep 2020 02:39:26
User entered 'None (1)'	System	16 Sep 2020 02:39:26

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:47:35

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-15T22:39:23', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'e8c9b3e1-9cf1-4bc0-9461-8b5afe5ce162'	System	16 Sep 2020 02:39:26
User entered '15 Sep 2020 22:39'	System	16 Sep 2020 02:39:26

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '15 Sep 2020 12:00'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '16 Sep 2020 11:59'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	10 Sep 2020 16:23:29
User entered 'Day 7'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:47:35

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-17T03:05:31', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '90b02ef8-f1a4-409c-abeb-a27185082f39'	System	17 Sep 2020 07:05:52
User entered 'None (1)'	System	17 Sep 2020 07:05:52

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:47:35

Is there any **REDNESS AT INJECTION SITE?**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-17T03:05:36', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '90b02ef8-f1a4-409c-abeb-a27185082f39'	System	17 Sep 2020 07:05:52
User entered 'No (N)'	System	17 Sep 2020 07:05:52

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:47:35

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-17T03:05:42', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '90b02ef8-f1a4-409c-abeb-a27185082f39'	System	17 Sep 2020 07:05:52
User entered 'No (N)'	System	17 Sep 2020 07:05:52

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:47:35

Please record - **UNDERARM GLAND SWELLING OR TENDERNESS.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-17T03:05:46', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '90b02ef8-f1a4-409c-abeb-a27185082f39'	System	17 Sep 2020 07:05:52
User entered 'None (1)'	System	17 Sep 2020 07:05:52

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:47:35

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-17T03:05:49', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '90b02ef8-f1a4-409c-abeb-a27185082f39'	System	17 Sep 2020 07:05:52
User entered '17 Sep 2020 03:05'	System	17 Sep 2020 07:05:52

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '16 Sep 2020 12:00'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '17 Sep 2020 11:59'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	10 Sep 2020 16:23:29
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-10T12:56:00', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'd7a9abfc-fd4b-4fb8-a9b0-6cb22b2a9944'	System	10 Sep 2020 16:56:34
User entered 'None (0)'	System	10 Sep 2020 16:56:34

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-10T12:56:04', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'd7a9abfc-fd4b-4fb8-a9b0-6cb22b2a9944'	System	10 Sep 2020 16:56:34
User entered 'None (0)'	System	10 Sep 2020 16:56:34

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-10T12:56:08', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'd7a9abfc-fd4b-4fb8-a9b0-6cb22b2a9944'	System	10 Sep 2020 16:56:34
User entered 'None (0)'	System	10 Sep 2020 16:56:34

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-10T12:56:11', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'd7a9abfc-fd4b-4fb8-a9b0-6cb22b2a9944'	System	10 Sep 2020 16:56:34
User entered 'None (0)'	System	10 Sep 2020 16:56:34

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-10T12:56:14', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'd7a9abfc-fd4b-4fb8-a9b0-6cb22b2a9944'	System	10 Sep 2020 16:56:34
User entered 'None (0)'	System	10 Sep 2020 16:56:34

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-10T12:56:17', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'd7a9abfc-fd4b-4fb8-a9b0-6cb22b2a9944'	System	10 Sep 2020 16:56:34
User entered 'None (0)'	System	10 Sep 2020 16:56:34

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

Did you receive any **MEDICAL ATTENTION** (doctor visit, other) for any illness or symptoms?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-10T12:56:24', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'd7a9abfc-fd4b-4fb8-a9b0-6cb22b2a9944'	System	10 Sep 2020 16:56:34
User entered 'No (N)'	System	10 Sep 2020 16:56:34

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-10T12:56:28', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'd7a9abfc-fd4b-4fb8-a9b0-6cb22b2a9944'	System	10 Sep 2020 16:56:34
User entered '10 Sep 2020 12:56'	System	10 Sep 2020 16:56:34

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '10 Sep 2020 12:40'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '10 Sep 2020 15:10'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	10 Sep 2020 16:23:29
User entered 'Day 1, after vaccination (at home)'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-10T21:17:39', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '0ffa3139-a403-4b50-8815-e4f16145530b' User entered 'None (0)'	System	11 Sep 2020 01:18:07
	System	11 Sep 2020 01:18:07

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-10T21:17:42', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '0ffa3139-a403-4b50-8815-e4f16145530b' User entered 'None (0)'	System	11 Sep 2020 01:18:07
	System	11 Sep 2020 01:18:07

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-10T21:17:45', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '0ffa3139-a403-4b50-8815-e4f16145530b' User entered 'None (0)'	System	11 Sep 2020 01:18:07
	System	11 Sep 2020 01:18:07

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-10T21:17:49', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '0ffa3139-a403-4b50-8815-e4f16145530b'	System	11 Sep 2020 01:18:07
User entered 'None (0)'	System	11 Sep 2020 01:18:07

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-10T21:17:52', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '0ffa3139-a403-4b50-8815-e4f16145530b'	System	11 Sep 2020 01:18:07
User entered 'None (0)'	System	11 Sep 2020 01:18:07

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-10T21:17:54', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '0ffa3139-a403-4b50-8815-e4f16145530b' User entered 'None (0)'	System	11 Sep 2020 01:18:07
	System	11 Sep 2020 01:18:07

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

Did you receive any **MEDICAL ATTENTION** (doctor visit, other) for any illness or symptoms?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-10T21:17:59', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '0ffa3139-a403-4b50-8815-e4f16145530b'	System	11 Sep 2020 01:18:07
User entered 'No (N)'	System	11 Sep 2020 01:18:07

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-10T21:18:03', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '0ffa3139-a403-4b50-8815-e4f16145530b'	System	11 Sep 2020 01:18:07
User entered '10 Sep 2020 21:18'	System	11 Sep 2020 01:18:07

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '10 Sep 2020 16:05'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '11 Sep 2020 11:59'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	10 Sep 2020 16:23:29
User entered 'Day 2'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:47:35

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-11T22:28:24', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '2229afeb-fedb-4042-965e-7730832991e2'	System	12 Sep 2020 02:28:54
User entered 'None (0)'	System	12 Sep 2020 02:28:54

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:47:35

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-11T22:28:28', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '2229afeb-fedb-4042-965e-7730832991e2'	System	12 Sep 2020 02:28:54
User entered 'None (0)'	System	12 Sep 2020 02:28:54

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:47:35

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-11T22:28:32', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '2229afeb-fedb-4042-965e-7730832991e2'	System	12 Sep 2020 02:28:54
User entered 'None (0)'	System	12 Sep 2020 02:28:54

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:47:35

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-11T22:28:35', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '2229afeb-fedb-4042-965e-7730832991e2'	System	12 Sep 2020 02:28:54
User entered 'None (0)'	System	12 Sep 2020 02:28:54

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:47:35

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-11T22:28:38', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '2229afeb-fedb-4042-965e-7730832991e2'	System	12 Sep 2020 02:28:54
User entered 'None (0)'	System	12 Sep 2020 02:28:54

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:47:35

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-11T22:28:40', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '2229afeb-fedb-4042-965e-7730832991e2'	System	12 Sep 2020 02:28:54
User entered 'None (0)'	System	12 Sep 2020 02:28:54

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:47:35

Did you receive any **MEDICAL ATTENTION** (doctor visit, other) for any illness or symptoms?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-11T22:28:47', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '2229afeb-fedb-4042-965e-7730832991e2'	System	12 Sep 2020 02:28:54
User entered 'No (N)'	System	12 Sep 2020 02:28:54

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:47:35

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-11T22:28:51', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '2229afeb-fedb-4042-965e-7730832991e2'	System	12 Sep 2020 02:28:54
User entered '11 Sep 2020 22:28'	System	12 Sep 2020 02:28:54

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '11 Sep 2020 12:00'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '12 Sep 2020 11:59'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	10 Sep 2020 16:23:29
User entered 'Day 3'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:47:35

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-12T21:33:14', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'b9567420-fa4f-4c13-aa8b-b8ade58fd8d1'	System	13 Sep 2020 01:33:53
User entered 'None (0)'	System	13 Sep 2020 01:33:53

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:47:35

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-12T21:33:19', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'b9567420-fa4f-4c13-aa8b-b8ade58fd8d1'	System	13 Sep 2020 01:33:53
User entered 'None (0)'	System	13 Sep 2020 01:33:53

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:47:35

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-12T21:33:27', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'b9567420-fa4f-4c13-aa8b-b8ade58fd8d1'	System	13 Sep 2020 01:33:53
User entered 'None (0)'	System	13 Sep 2020 01:33:53

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:47:35

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-12T21:33:29', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'b9567420-fa4f-4c13-aa8b-b8ade58fd8d1'	System	13 Sep 2020 01:33:53
User entered 'None (0)'	System	13 Sep 2020 01:33:53

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:47:35

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-12T21:33:42', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'b9567420-fa4f-4c13-aa8b-b8ade58fd8d1'	System	13 Sep 2020 01:33:53
User entered 'None (0)'	System	13 Sep 2020 01:33:53

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:47:35

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-12T21:33:44', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'b9567420-fa4f-4c13-aa8b-b8ade58fd8d1'	System	13 Sep 2020 01:33:53
User entered 'None (0)'	System	13 Sep 2020 01:33:53

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:47:35

Did you receive any **MEDICAL ATTENTION** (doctor visit, other) for any illness or symptoms?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-12T21:33:48', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'b9567420-fa4f-4c13-aa8b-b8ade58fd8d1'	System	13 Sep 2020 01:33:53
User entered 'No (N)'	System	13 Sep 2020 01:33:53

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:47:35

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-12T21:33:51', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'b9567420-fa4f-4c13-aa8b-b8ade58fd8d1'	System	13 Sep 2020 01:33:53
User entered '12 Sep 2020 21:33'	System	13 Sep 2020 01:33:53

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '12 Sep 2020 12:00'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '13 Sep 2020 11:59'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	10 Sep 2020 16:23:29
User entered 'Day 4'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:47:35

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-13T23:23:43', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '22d521d3-07ed-43e9-b260-a8ebac65cff8'	System	14 Sep 2020 03:24:14
User entered 'None (0)'	System	14 Sep 2020 03:24:14

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:47:35

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-13T23:23:47', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '22d521d3-07ed-43e9-b260-a8ebac65cff8'	System	14 Sep 2020 03:24:14
User entered 'None (0)'	System	14 Sep 2020 03:24:14

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:47:35

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-13T23:23:51', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '22d521d3-07ed-43e9-b260-a8ebac65cff8'	System	14 Sep 2020 03:24:14
User entered 'None (0)'	System	14 Sep 2020 03:24:14

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:47:35

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-13T23:23:54', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '22d521d3-07ed-43e9-b260-a8ebac65cff8'	System	14 Sep 2020 03:24:14
User entered 'None (0)'	System	14 Sep 2020 03:24:14

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:47:35

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-13T23:23:57', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '22d521d3-07ed-43e9-b260-a8ebac65cff8'	System	14 Sep 2020 03:24:14
User entered 'None (0)'	System	14 Sep 2020 03:24:14

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:47:35

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-13T23:24:01', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '22d521d3-07ed-43e9-b260-a8ebac65cff8' User entered 'None (0)'	System	14 Sep 2020 03:24:14
	System	14 Sep 2020 03:24:14

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:47:35

Did you receive any **MEDICAL ATTENTION** (doctor visit, other) for any illness or symptoms?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-13T23:24:05', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '22d521d3-07ed-43e9-b260-a8ebac65cff8'	System	14 Sep 2020 03:24:14
User entered 'No (N)'	System	14 Sep 2020 03:24:14

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:47:35

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-13T23:24:08', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '22d521d3-07ed-43e9-b260-a8ebac65cff8'	System	14 Sep 2020 03:24:14
User entered '13 Sep 2020 23:24'	System	14 Sep 2020 03:24:14

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '13 Sep 2020 12:00'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '14 Sep 2020 11:59'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	10 Sep 2020 16:23:29
User entered 'Day 5'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:47:35

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-14T23:16:47', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'fd192f8b-ab11-4fb7-aa31-389c82226a6a'	System	15 Sep 2020 03:17:10
User entered 'None (0)'	System	15 Sep 2020 03:17:10

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:47:35

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-14T23:16:50', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'fd192f8b-ab11-4fb7-aa31-389c82226a6a'	System	15 Sep 2020 03:17:10
User entered 'None (0)'	System	15 Sep 2020 03:17:10

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:47:35

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-14T23:16:52', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'fd192f8b-ab11-4fb7-aa31-389c82226a6a' User entered 'None (0)'	System	15 Sep 2020 03:17:10
	System	15 Sep 2020 03:17:10

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:47:35

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-14T23:16:55', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'fd192f8b-ab11-4fb7-aa31-389c82226a6a' User entered 'None (0)'	System	15 Sep 2020 03:17:10
	System	15 Sep 2020 03:17:10

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:47:35

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-14T23:16:58', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'fd192f8b-ab11-4fb7-aa31-389c82226a6a' User entered 'None (0)'	System	15 Sep 2020 03:17:10
	System	15 Sep 2020 03:17:10

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:47:35

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-14T23:17:01', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'fd192f8b-ab11-4fb7-aa31-389c82226a6a' User entered 'None (0)'	System	15 Sep 2020 03:17:10
	System	15 Sep 2020 03:17:10

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:47:35

Did you receive any **MEDICAL ATTENTION** (doctor visit, other) for any illness or symptoms?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-14T23:17:05', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'fd192f8b-ab11-4fb7-aa31-389c82226a6a'	System	15 Sep 2020 03:17:10
User entered 'No (N)'	System	15 Sep 2020 03:17:10

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:47:35

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-14T23:17:08', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'fd192f8b-ab11-4fb7-aa31-389c82226a6a'	System	15 Sep 2020 03:17:10
User entered '14 Sep 2020 23:17'	System	15 Sep 2020 03:17:10

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '14 Sep 2020 12:00'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '15 Sep 2020 11:59'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	10 Sep 2020 16:23:29
User entered 'Day 6'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:47:35

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-15T22:39:29', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '75317e1b-7c69-4fde-80e4-1303ada9f02c'	System	16 Sep 2020 02:40:11
User entered 'None (0)'	System	16 Sep 2020 02:40:11

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:47:35

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-15T22:39:32', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '75317e1b-7c69-4fde-80e4-1303ada9f02c' User entered 'None (0)'	System	16 Sep 2020 02:40:11
	System	16 Sep 2020 02:40:11

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:47:35

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-15T22:39:40', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '75317e1b-7c69-4fde-80e4-1303ada9f02c'	System	16 Sep 2020 02:40:11
User entered 'None (0)'	System	16 Sep 2020 02:40:11

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:47:35

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-15T22:39:43', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '75317e1b-7c69-4fde-80e4-1303ada9f02c'	System	16 Sep 2020 02:40:11
User entered 'None (0)'	System	16 Sep 2020 02:40:11

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:47:35

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-15T22:39:46', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '75317e1b-7c69-4fde-80e4-1303ada9f02c'	System	16 Sep 2020 02:40:11
User entered 'None (0)'	System	16 Sep 2020 02:40:11

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:47:35

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-15T22:39:48', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '75317e1b-7c69-4fde-80e4-1303ada9f02c'	System	16 Sep 2020 02:40:11
User entered 'None (0)'	System	16 Sep 2020 02:40:11

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:47:35

Did you receive any **MEDICAL ATTENTION** (doctor visit, other) for any illness or symptoms?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-15T22:40:04', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '75317e1b-7c69-4fde-80e4-1303ada9f02c'	System	16 Sep 2020 02:40:11
User entered 'No (N)'	System	16 Sep 2020 02:40:11

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:47:35

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-15T22:40:07', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '75317e1b-7c69-4fde-80e4-1303ada9f02c'	System	16 Sep 2020 02:40:11
User entered '15 Sep 2020 22:40'	System	16 Sep 2020 02:40:11

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '15 Sep 2020 12:00'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '16 Sep 2020 11:59'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	10 Sep 2020 16:23:29
User entered 'Day 7'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:47:35

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-17T03:05:54', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '7bf3c1cd-4603-49d3-9184-0a79bec95d20'	System	17 Sep 2020 07:06:24
User entered 'None (0)'	System	17 Sep 2020 07:06:24

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:47:35

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-17T03:05:56', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '7bf3c1cd-4603-49d3-9184-0a79bec95d20'	System	17 Sep 2020 07:06:24
User entered 'None (0)'	System	17 Sep 2020 07:06:24

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:47:35

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-17T03:05:59', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '7bf3c1cd-4603-49d3-9184-0a79bec95d20'	System	17 Sep 2020 07:06:24
User entered 'None (0)'	System	17 Sep 2020 07:06:24

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:47:35

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-17T03:06:03', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '7bf3c1cd-4603-49d3-9184-0a79bec95d20'	System	17 Sep 2020 07:06:24
User entered 'None (0)'	System	17 Sep 2020 07:06:24

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:47:35

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-17T03:06:08', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '7bf3c1cd-4603-49d3-9184-0a79bec95d20'	System	17 Sep 2020 07:06:24
User entered 'None (0)'	System	17 Sep 2020 07:06:24

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:47:35

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-17T03:06:10', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '7bf3c1cd-4603-49d3-9184-0a79bec95d20'	System	17 Sep 2020 07:06:24
User entered 'None (0)'	System	17 Sep 2020 07:06:24

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:47:35

Did you receive any **MEDICAL ATTENTION** (doctor visit, other) for any illness or symptoms?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-17T03:06:17', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '7bf3c1cd-4603-49d3-9184-0a79bec95d20'	System	17 Sep 2020 07:06:24
User entered 'No (N)'	System	17 Sep 2020 07:06:24

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:47:35

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-09-17T03:06:19', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '7bf3c1cd-4603-49d3-9184-0a79bec95d20'	System	17 Sep 2020 07:06:24
User entered '17 Sep 2020 03:06'	System	17 Sep 2020 07:06:24

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '16 Sep 2020 12:00'	System	10 Sep 2020 16:23:29

US3242314

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '17 Sep 2020 11:59'	System	10 Sep 2020 16:23:29

US3242314

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:47:35

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'Yes (Y)'	Grace Newville (b) (4) (b) (4)	18 Sep 2020 21:58:25

US3242314

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:47:35

Date of Contact or Contact Attempt (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered '18 Sep 2020'	Grace Newville (b) (4) (b) (4)	18 Sep 2020 21:58:25

US3242314

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:47:35

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered 'Contact Made (CONTACT MADE)'	Grace Newville (b) (4) (b) (4)	18 Sep 2020 21:58:25

US3242314

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:47:35

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:56
User entered empty.	Grace Newville (b) (4) (b) (4)	18 Sep 2020 21:58:25

US3242314

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:47:35

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Yes (Y)'	Grace Newville (b) (4) (b) (4)	18 Sep 2020 21:58:28

US3242314

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:47:35

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	18 Sep 2020 21:58:28

US3242314

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:47:35

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Yes (Y)'	(b) (4), (b) (6)	25 Sep 2020 17:06:04

US3242314

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:47:35

Date of Contact or Contact Attempt (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered '25 Sep 2020'	(b) (4), (b) (6)	25 Sep 2020 17:06:04

US3242314

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:47:35

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	25 Sep 2020 17:06:04

US3242314

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:47:35

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered empty.	(b) (4), (b) (6)	25 Sep 2020 17:06:04

US3242314

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:47:35

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Yes (Y)'	(b) (4), (b) (6)	25 Sep 2020 17:06:08

US3242314

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:47:35

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	25 Sep 2020 17:06:08

US3242314

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:47:35

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Yes (Y)'	Erynn McKinley (b) (4)	01 Oct 2020 19:47:50

US3242314

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:47:35

Date of Contact or Contact Attempt (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered '1 Oct 2020'	Erynn McKinley (b) (4)	01 Oct 2020 19:47:50
	(b) (4)	

US3242314

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:47:35

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Contact Made (CONTACT MADE)'	Erynn McKinley (b) (4) (b) (4)	01 Oct 2020 19:47:50

US3242314

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:47:35

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered empty.	Erynn McKinley (b) (4)	01 Oct 2020 19:47:50

US3242314

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:47:35

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Yes (Y)'	Erynn McKinley (b) (4)	01 Oct 2020 19:47:53
	(b) (4)	

US3242314

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:47:35

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	01 Oct 2020 19:47:53

US3242314

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:47:35

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 12:40:37

US3242314

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:47:35

[Visit date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered '9 Oct 2020'	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 12:40:37

US3242314

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:47:35

[Was visit performed at the participant's home or at the clinic?](#)

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 12:40:37

US3242314

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:47:35

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'VISIT2'	System	09 Oct 2020 12:40:37

US3242314

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:47:35

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Pre-Dose (PREDOSE)'	Erynn McKinley (b) (4)	09 Oct 2020 19:46:11
	(b) (4)	

US3242314

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:47:35

Were vital signs assessed?

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 19:46:11

US3242314

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:47:35

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '9 Oct 2020'	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 19:46:11

US3242314

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:47:35

Time of assessment (00:00-23:59)

Audit	User	Time (GMT)
User entered '8:05'	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 19:46:11

US3242314

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:47:35

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '9 Oct 2020 8:05'	System	09 Oct 2020 19:46:11

US3242314

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:47:35

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '97.1' F	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 19:46:11

US3242314

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:47:35

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 19:46:11

US3242314

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:47:35

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 19:46:11

US3242314

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:47:35

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '68'	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 19:46:11

US3242314

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:47:35

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	09 Oct 2020 19:46:11

US3242314

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:47:35

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
User entered '16'	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 19:46:11

US3242314

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:47:35

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	09 Oct 2020 19:46:11

US3242314

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:47:35

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '128'	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 19:46:11

US3242314

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:47:35

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	09 Oct 2020 19:46:11

US3242314

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:47:35

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '80'	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 19:46:11

US3242314

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:47:35

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	09 Oct 2020 19:46:11

US3242314

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:47:35

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Post-Dose (POSTDOSE)'	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 19:46:11

US3242314

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:47:35

Were vital signs assessed?

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 19:46:11

US3242314

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:47:35

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '9 Oct 2020'	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 19:46:11

US3242314

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:47:35

Time of assessment (00:00-23:59)

Audit	User	Time (GMT)
User entered '9:32'	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 19:46:11

US3242314

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:47:35

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '9 Oct 2020 9:32'	System	09 Oct 2020 19:46:11

US3242314

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:47:35

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '97.9' F	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 19:46:11

US3242314

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:47:35

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 19:46:11

US3242314

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:47:35

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 19:46:11

US3242314

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:47:35

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '68'	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 19:46:11

US3242314

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:47:35

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	09 Oct 2020 19:46:11

US3242314

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:47:35

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
User entered '16'	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 19:46:11

US3242314

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:47:35

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	09 Oct 2020 19:46:11

US3242314

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:47:35

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '128'	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 19:46:11

US3242314

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:47:35

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	09 Oct 2020 19:46:11

US3242314

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:47:35

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '82'	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 19:46:11

US3242314

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:47:35

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	09 Oct 2020 19:46:11

US3242314

Folder: Visit 2 Day 29 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:47:35

Was the physical examination performed?

Audit	User	Time (GMT)
User entered 'No (N)'	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 12:40:44

US3242314

Folder: Visit 2 Day 29 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:47:35

Date of examination (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 12:40:44

US3242314

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:47:35

[Was study treatment given?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 13:03:19

US3242314

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:47:35

If No, reason not given

Audit	User	Time (GMT)
User entered empty.	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 13:03:19

US3242314

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:47:35

If reason is Physician Decision, Withdrawal of Consent by Participant, Protocol Deviation, or Other, specify

Audit	User	Time (GMT)
User entered empty.	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 13:03:19

US3242314

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:47:35

[What was the study treatment?](#)

Audit	User	Time (GMT)
User entered 'MRNA-1273 OR PLACEBO'	System	09 Oct 2020 13:03:19

US3242314

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:47:35

What was the treatment date? (dd MMM yyyy)

Audit	User	Time (GMT)
User entered '9 Oct 2020'	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 13:03:19

US3242314

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:47:35

What was the treatment time? (00:00-23:59)

Audit	User	Time (GMT)
User entered '9:01'	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 13:03:19

US3242314

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:47:35

[Treatment Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '9 Oct 2020 9:01'	System	09 Oct 2020 13:03:19

US3242314

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:47:35

Which arm was used to give treatment?

Audit	User	Time (GMT)
User entered 'Left Arm (LEFT ARM)'	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 13:03:19

US3242314

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:47:35

[What was the frequency of the study treatment dosing?](#)

Audit	User	Time (GMT)
User entered 'ONCE'	System	09 Oct 2020 13:03:19

US3242314

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:47:35

What was the route of administration for the study treatment?

Audit	User	Time (GMT)
User entered 'INTRAMUSCULAR'	System	09 Oct 2020 13:03:19

US3242314

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:47:35

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 12:41:14

US3242314

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:47:35

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '9 Oct 2020'	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 12:41:14

US3242314

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:47:35

[Collection time \(00:00-23:59\)](#)

Audit	User	Time (GMT)
User entered '8:32'	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 12:41:14

US3242314

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:47:35

[Collection date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered '9 Oct 2020 8:32'	System	09 Oct 2020 12:41:14

US3242314

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 10:47:35

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '9 Oct 2020'	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 12:41:42

US3242314

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:47:35

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 1 (NASAL1)'	Erynn McKinley (b) (4)	09 Oct 2020 12:41:42

US3242314

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:47:35

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 12:41:42

US3242314

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:47:35

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
User entered '8:25'	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 12:41:42

US3242314

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:47:35

[Collection date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered '9 Oct 2020 8:25'	System	09 Oct 2020 12:41:42

US3242314

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:47:35

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 2 (NASAL2)'	Erynn McKinley (b) (4)	09 Oct 2020 12:41:42

US3242314

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:47:35

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 12:41:42

US3242314

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:47:35

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
User entered empty.	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 12:41:42

US3242314

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:47:35

[Collection date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	09 Oct 2020 12:41:42

US3242314

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:47:35

Is the participant continuing to the next visit?

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Erynn McKinley (b) (4) (b) (4)	09 Oct 2020 12:41:46

US3242314

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:47:35

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	09 Oct 2020 12:41:46

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	09 Oct 2020 13:03:19
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-09T09:29:26', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '1550e4db-bad0-4bfd-be3e-12022a6964c7' User entered 'Yes (Y)'	System	09 Oct 2020 13:29:45

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-09T09:29:33', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '1550e4db-bad0-4bfd-be3e-12022a6964c7'	System	09 Oct 2020 13:29:45
User entered '97.9'	System	09 Oct 2020 13:29:45

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

Was any **MEDICATION TAKEN** today for pain or fever?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-09T09:29:37', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '1550e4db-bad0-4bfd-be3e-12022a6964c7'	System	09 Oct 2020 13:29:45
User entered 'No (N)'	System	09 Oct 2020 13:29:45

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-09T09:29:42', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '1550e4db-bad0-4bfd-be3e-12022a6964c7' User entered '09 Oct 2020 09:29'	System	09 Oct 2020 13:29:45
	System	09 Oct 2020 13:29:45

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '09 Oct 2020 09:21'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '09 Oct 2020 11:51'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	09 Oct 2020 13:03:19
User entered 'Day 1, after vaccination (at home)'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-09T21:22:18', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '8785aaf5-77f9-4785-bbec-748554219490'	System	10 Oct 2020 01:22:38
User entered 'Yes (Y)'	System	10 Oct 2020 01:22:38

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

Please record your **TEMPERATURE in °F**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-09T21:22:25', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '8785aaf5-77f9-4785-bbec-748554219490'	System	10 Oct 2020 01:22:38
User entered '97.8'	System	10 Oct 2020 01:22:38

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

Was any **MEDICATION TAKEN** today for pain or fever?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-09T21:22:30', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '8785aaf5-77f9-4785-bbec-748554219490'	System	10 Oct 2020 01:22:38
User entered 'No (N)'	System	10 Oct 2020 01:22:38

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-09T21:22:34', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '8785aaf5-77f9-4785-bbec-748554219490' User entered '09 Oct 2020 21:22'	System	10 Oct 2020 01:22:38
	System	10 Oct 2020 01:22:38

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '09 Oct 2020 12:46'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '10 Oct 2020 11:59'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	09 Oct 2020 13:03:19
User entered 'Day 2'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:47:35

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-10T21:05:48', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '50499157-9599-467f-90b4-da74ebb84dc3'	System	11 Oct 2020 02:07:03
User entered 'Yes (Y)'	System	11 Oct 2020 02:07:03

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:47:35

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-10T21:06:25', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '50499157-9599-467f-90b4-da74ebb84dc3'	System	11 Oct 2020 02:07:03
User entered '98.6'	System	11 Oct 2020 02:07:03

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:47:35

Was any **MEDICATION TAKEN** today for pain or fever?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-10T21:06:39', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '50499157-9599-467f-90b4-da74ebb84dc3'	System	11 Oct 2020 02:07:03
User entered 'Yes (Y)'	System	11 Oct 2020 02:07:03

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:47:35

To **TREAT** pain or fever that has already occurred

Audit	User	Time (GMT)
User closed query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System).	(b) (4), (b) (6)	04 Nov 2020 06:49:26
Query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' answered with 'Subject was contacted and conmed recorded.' (Site from System).	Grace Newville (b) (4)	14 Oct 2020 13:19:42
User opened query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System).	System	11 Oct 2020 02:07:03
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-10T21:06:54', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '50499157-9599-467f-90b4-da74ebb84dc3'	System	11 Oct 2020 02:07:03
User entered '1'	System	11 Oct 2020 02:07:03

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:47:35

To **PREVENT** pain or fever from occurring

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-10T21:06:54', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '50499157-9599-467f-90b4-da74ebb84dc3'	System	11 Oct 2020 02:07:03
User entered '0'	System	11 Oct 2020 02:07:03

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:47:35

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-10T21:06:59', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '50499157-9599-467f-90b4-da74ebb84dc3'	System	11 Oct 2020 02:07:03
User entered '10 Oct 2020 21:06'	System	11 Oct 2020 02:07:03

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '10 Oct 2020 12:00'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '11 Oct 2020 11:59'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	09 Oct 2020 13:03:19
User entered 'Day 3'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:47:35

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-12T00:01:26', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '9a7d5399-f72b-4a8d-9db6-79c9200d0492'	System	12 Oct 2020 05:02:11
User entered 'Yes (Y)'	System	12 Oct 2020 05:02:11

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:47:35

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-12T00:02:00', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '9a7d5399-f72b-4a8d-9db6-79c9200d0492'	System	12 Oct 2020 05:02:11
User entered '96.9'	System	12 Oct 2020 05:02:11

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:47:35

Was any **MEDICATION TAKEN** today for pain or fever?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-12T00:02:05', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '9a7d5399-f72b-4a8d-9db6-79c9200d0492'	System	12 Oct 2020 05:02:11
User entered 'No (N)'	System	12 Oct 2020 05:02:11

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:47:35

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-12T00:02:08', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '9a7d5399-f72b-4a8d-9db6-79c9200d0492' User entered '12 Oct 2020 00:02'	System	12 Oct 2020 05:02:11
	System	12 Oct 2020 05:02:11

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '11 Oct 2020 12:00'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '12 Oct 2020 11:59'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	09 Oct 2020 13:03:19
User entered 'Day 4'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:47:35

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-12T22:45:45', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'e99e79d0-83d6-4119-9b5a-13365cd68038'	System	13 Oct 2020 03:47:01
User entered 'Yes (Y)'	System	13 Oct 2020 03:47:01

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:47:35

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-12T22:46:46', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'e99e79d0-83d6-4119-9b5a-13365cd68038'	System	13 Oct 2020 03:47:01
User entered '96.4'	System	13 Oct 2020 03:47:01

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:47:35

Was any **MEDICATION TAKEN** today for pain or fever?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-12T22:46:51', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'e99e79d0-83d6-4119-9b5a-13365cd68038'	System	13 Oct 2020 03:47:01
User entered 'No (N)'	System	13 Oct 2020 03:47:01

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:47:35

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-12T22:46:58', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'e99e79d0-83d6-4119-9b5a-13365cd68038'	System	13 Oct 2020 03:47:01
User entered '12 Oct 2020 22:46'	System	13 Oct 2020 03:47:01

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '12 Oct 2020 12:00'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '13 Oct 2020 11:59'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	09 Oct 2020 13:03:19
User entered 'Day 5'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:47:35

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-13T21:49:12', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'ee5a73ed-56a3-45fb-adbb-737727f76a61'	System	14 Oct 2020 02:50:25
User entered 'Yes (Y)'	System	14 Oct 2020 02:50:25

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:47:35

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-13T21:50:15', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'ee5a73ed-56a3-45fb-adbb-737727f76a61' User entered '97.5'	System	14 Oct 2020 02:50:25

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:47:35

Was any **MEDICATION TAKEN** today for pain or fever?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-13T21:50:19', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'ee5a73ed-56a3-45fb-adbb-737727f76a61'	System	14 Oct 2020 02:50:25
User entered 'No (N)'	System	14 Oct 2020 02:50:25

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:47:35

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-13T21:50:21', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'ee5a73ed-56a3-45fb-adbb-737727f76a61' User entered '13 Oct 2020 21:50'	System	14 Oct 2020 02:50:25
	System	14 Oct 2020 02:50:25

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '13 Oct 2020 12:00'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '14 Oct 2020 11:59'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	09 Oct 2020 13:03:19
User entered 'Day 6'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:47:35

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-15T05:57:38', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '15409231-4f0d-40c7-887b-ec5b31469fc3'	System	15 Oct 2020 10:57:56
User entered 'Yes (Y)'	System	15 Oct 2020 10:57:56

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:47:35

Please record your **TEMPERATURE in °F**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-15T05:57:47', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '15409231-4f0d-40c7-887b-ec5b31469fc3' User entered '97.8'	System	15 Oct 2020 10:57:56
	System	15 Oct 2020 10:57:56

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:47:35

Was any **MEDICATION TAKEN** today for pain or fever?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-15T05:57:51', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '15409231-4f0d-40c7-887b-ec5b31469fc3'	System	15 Oct 2020 10:57:56
User entered 'No (N)'	System	15 Oct 2020 10:57:56

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:47:35

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-15T05:57:54', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '15409231-4f0d-40c7-887b-ec5b31469fc3' User entered '15 Oct 2020 05:57'	System	15 Oct 2020 10:57:56
	System	15 Oct 2020 10:57:56

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '14 Oct 2020 12:00'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '15 Oct 2020 11:59'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	09 Oct 2020 13:03:19
User entered 'Day 7'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:47:35

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-15T21:40:58', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '05db06b6-7595-4c46-a1d1-02865316f290'	System	16 Oct 2020 02:41:18
User entered 'Yes (Y)'	System	16 Oct 2020 02:41:18

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:47:35

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-15T21:41:03', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '05db06b6-7595-4c46-a1d1-02865316f290'	System	16 Oct 2020 02:41:18
User entered '97.7'	System	16 Oct 2020 02:41:18

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:47:35

Was any **MEDICATION TAKEN** today for pain or fever?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-15T21:41:08', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '05db06b6-7595-4c46-a1d1-02865316f290'	System	16 Oct 2020 02:41:18
User entered 'No (N)'	System	16 Oct 2020 02:41:18

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:47:35

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-15T21:41:13', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '05db06b6-7595-4c46-a1d1-02865316f290'	System	16 Oct 2020 02:41:18
User entered '15 Oct 2020 21:41'	System	16 Oct 2020 02:41:18

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '15 Oct 2020 12:00'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '16 Oct 2020 11:59'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	09 Oct 2020 13:03:19
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-09T09:29:48', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '70a05127-5ab4-49bb-b5e0-69ef7e3a6e88'	System	09 Oct 2020 13:30:23
User entered 'None (1)'	System	09 Oct 2020 13:30:23

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-09T09:30:05', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '70a05127-5ab4-49bb-b5e0-69ef7e3a6e88'	System	09 Oct 2020 13:30:23
User entered 'No (N)'	System	09 Oct 2020 13:30:23

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-09T09:30:10', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '70a05127-5ab4-49bb-b5e0-69ef7e3a6e88'	System	09 Oct 2020 13:30:23
User entered 'No (N)'	System	09 Oct 2020 13:30:23

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

Please record - **UNDERARM GLAND SWELLING OR TENDERNESS.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-09T09:30:15', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '70a05127-5ab4-49bb-b5e0-69ef7e3a6e88'	System	09 Oct 2020 13:30:23
User entered 'None (1)'	System	09 Oct 2020 13:30:23

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-09T09:30:18', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '70a05127-5ab4-49bb-b5e0-69ef7e3a6e88' User entered '09 Oct 2020 09:30'	System	09 Oct 2020 13:30:23
	System	09 Oct 2020 13:30:23

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '09 Oct 2020 09:21'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '09 Oct 2020 11:51'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	09 Oct 2020 13:03:19
User entered 'Day 1, after vaccination (at home)'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-09T21:22:46', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'f93cf20c-69e3-4d59-997a-4432c13096e4'	System	10 Oct 2020 01:23:08
User entered 'Does not interfere with activity (2)'	System	10 Oct 2020 01:23:08

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

Is there any **REDNESS AT INJECTION SITE?**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-09T21:22:50', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'f93cf20c-69e3-4d59-997a-4432c13096e4' User entered 'No (N)'	System	10 Oct 2020 01:23:08

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-09T21:22:54', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'f93cf20c-69e3-4d59-997a-4432c13096e4'	System	10 Oct 2020 01:23:08
User entered 'No (N)'	System	10 Oct 2020 01:23:08

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

Please record - **UNDERARM GLAND SWELLING OR TENDERNESS.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-09T21:23:00', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'f93cf20c-69e3-4d59-997a-4432c13096e4' User entered 'None (1)'	System	10 Oct 2020 01:23:08
	System	10 Oct 2020 01:23:08

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-09T21:23:06', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'f93cf20c-69e3-4d59-997a-4432c13096e4' User entered '09 Oct 2020 21:23'	System	10 Oct 2020 01:23:08
	System	10 Oct 2020 01:23:08

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '09 Oct 2020 12:46'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '10 Oct 2020 11:59'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	09 Oct 2020 13:03:19
User entered 'Day 2'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:47:35

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-10T21:07:13', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'ce52e4ac-83e2-4d43-9b1d-5f6b833e6fa4'	System	11 Oct 2020 02:07:49
User entered 'Does not interfere with activity (2)'	System	11 Oct 2020 02:07:49

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:47:35

Is there any **REDNESS AT INJECTION SITE?**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-10T21:07:20', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'ce52e4ac-83e2-4d43-9b1d-5f6b833e6fa4'	System	11 Oct 2020 02:07:49
User entered 'No (N)'	System	11 Oct 2020 02:07:49

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:47:35

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-10T21:07:36', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'ce52e4ac-83e2-4d43-9b1d-5f6b833e6fa4'	System	11 Oct 2020 02:07:49
User entered 'No (N)'	System	11 Oct 2020 02:07:49

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:47:35

Please record - **UNDERARM GLAND SWELLING OR TENDERNESS.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-10T21:07:41', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'ce52e4ac-83e2-4d43-9b1d-5f6b833e6fa4'	System	11 Oct 2020 02:07:49
User entered 'None (1)'	System	11 Oct 2020 02:07:49

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:47:35

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-10T21:07:46', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'ce52e4ac-83e2-4d43-9b1d-5f6b833e6fa4' User entered '10 Oct 2020 21:07'	System	11 Oct 2020 02:07:49
	System	11 Oct 2020 02:07:49

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '10 Oct 2020 12:00'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '11 Oct 2020 11:59'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	09 Oct 2020 13:03:19
User entered 'Day 3'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:47:35

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-12T00:02:20', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'c75972ea-29a2-4b54-8f19-bc8ad45d0daf'	System	12 Oct 2020 05:02:37
User entered 'Does not interfere with activity (2)'	System	12 Oct 2020 05:02:37

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:47:35

Is there any **REDNESS AT INJECTION SITE?**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-12T00:02:23', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'c75972ea-29a2-4b54-8f19-bc8ad45d0daf'	System	12 Oct 2020 05:02:37
User entered 'No (N)'	System	12 Oct 2020 05:02:37

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:47:35

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-12T00:02:26', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'c75972ea-29a2-4b54-8f19-bc8ad45d0daf'	System	12 Oct 2020 05:02:37
User entered 'No (N)'	System	12 Oct 2020 05:02:37

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:47:35

Please record - **UNDERARM GLAND SWELLING OR TENDERNESS.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-12T00:02:30', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'c75972ea-29a2-4b54-8f19-bc8ad45d0daf'	System	12 Oct 2020 05:02:37
User entered 'None (1)'	System	12 Oct 2020 05:02:37

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:47:35

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-12T00:02:33', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'c75972ea-29a2-4b54-8f19-bc8ad45d0daf' User entered '12 Oct 2020 00:02'	System	12 Oct 2020 05:02:37
	System	12 Oct 2020 05:02:37

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '11 Oct 2020 12:00'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '12 Oct 2020 11:59'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	09 Oct 2020 13:03:19
User entered 'Day 4'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:47:35

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-12T22:47:06', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'e022ed7f-1e95-413a-a95f-9a0de7f88e61'	System	13 Oct 2020 03:47:29
User entered 'None (1)'	System	13 Oct 2020 03:47:29

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:47:35

Is there any **REDNESS AT INJECTION SITE?**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-12T22:47:10', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'e022ed7f-1e95-413a-a95f-9a0de7f88e61'	System	13 Oct 2020 03:47:29
User entered 'No (N)'	System	13 Oct 2020 03:47:29

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:47:35

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-12T22:47:15', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'e022ed7f-1e95-413a-a95f-9a0de7f88e61'	System	13 Oct 2020 03:47:29
User entered 'No (N)'	System	13 Oct 2020 03:47:29

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:47:35

Please record - **UNDERARM GLAND SWELLING OR TENDERNESS.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-12T22:47:18', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'e022ed7f-1e95-413a-a95f-9a0de7f88e61'	System	13 Oct 2020 03:47:29
User entered 'None (1)'	System	13 Oct 2020 03:47:29

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:47:35

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-12T22:47:25', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'e022ed7f-1e95-413a-a95f-9a0de7f88e61' User entered '12 Oct 2020 22:47'	System	13 Oct 2020 03:47:29
	System	13 Oct 2020 03:47:29

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '12 Oct 2020 12:00'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '13 Oct 2020 11:59'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	09 Oct 2020 13:03:19
User entered 'Day 5'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:47:35

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-13T21:50:25', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'eb9e0f33-40fd-49b6-b5ac-6ac759fcd8d0'	System	14 Oct 2020 02:50:40
User entered 'None (1)'	System	14 Oct 2020 02:50:40

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:47:35

Is there any **REDNESS AT INJECTION SITE?**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-13T21:50:29', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'eb9e0f33-40fd-49b6-b5ac-6ac759fcd8d0'	System	14 Oct 2020 02:50:40
User entered 'No (N)'	System	14 Oct 2020 02:50:40

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:47:35

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-13T21:50:31', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'eb9e0f33-40fd-49b6-b5ac-6ac759fcd8d0'	System	14 Oct 2020 02:50:40
User entered 'No (N)'	System	14 Oct 2020 02:50:40

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:47:35

Please record - **UNDERARM GLAND SWELLING OR TENDERNESS.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-13T21:50:34', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'eb9e0f33-40fd-49b6-b5ac-6ac759fcd8d0'	System	14 Oct 2020 02:50:40
User entered 'None (1)'	System	14 Oct 2020 02:50:40

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:47:35

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-13T21:50:37', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'eb9e0f33-40fd-49b6-b5ac-6ac759fcd8d0'	System	14 Oct 2020 02:50:40
User entered '13 Oct 2020 21:50'	System	14 Oct 2020 02:50:40

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '13 Oct 2020 12:00'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '14 Oct 2020 11:59'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	09 Oct 2020 13:03:19
User entered 'Day 6'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:47:35

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-15T05:57:58', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'e14dc0-53e0-4380-8192-f86457a1fc47'	System	15 Oct 2020 10:58:26
User entered 'None (1)'	System	15 Oct 2020 10:58:26

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:47:35

Is there any **REDNESS AT INJECTION SITE?**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-15T05:58:02', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'e14dcdc0-53e0-4380-8192-f86457a1fc47'	System	15 Oct 2020 10:58:26
User entered 'No (N)'	System	15 Oct 2020 10:58:26

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:47:35

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-15T05:58:08', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'e14dcdc0-53e0-4380-8192-f86457a1fc47'	System	15 Oct 2020 10:58:26
User entered 'No (N)'	System	15 Oct 2020 10:58:26

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:47:35

Please record - **UNDERARM GLAND SWELLING OR TENDERNESS.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-15T05:58:12', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'e14dcdc0-53e0-4380-8192-f86457a1fc47'	System	15 Oct 2020 10:58:26
User entered 'None (1)'	System	15 Oct 2020 10:58:26

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:47:35

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-15T05:58:22', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'e14dcdc0-53e0-4380-8192-f86457a1fc47' User entered '15 Oct 2020 05:58'	System	15 Oct 2020 10:58:26
	System	15 Oct 2020 10:58:26

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '14 Oct 2020 12:00'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '15 Oct 2020 11:59'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	09 Oct 2020 13:03:19
User entered 'Day 7'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:47:35

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-15T21:41:19', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '280d0d93-51c0-43d7-8aee-da71efe4f366'	System	16 Oct 2020 02:41:35
User entered 'None (1)'	System	16 Oct 2020 02:41:35

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:47:35

Is there any **REDNESS AT INJECTION SITE?**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-15T21:41:22', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '280d0d93-51c0-43d7-8aee-da71efe4f366'	System	16 Oct 2020 02:41:35
User entered 'No (N)'	System	16 Oct 2020 02:41:35

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:47:35

Is there any **SWELLING/HARDNESS AT INJECTION SITE?**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-15T21:41:25', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '280d0d93-51c0-43d7-8aee-da71efe4f366'	System	16 Oct 2020 02:41:35
User entered 'No (N)'	System	16 Oct 2020 02:41:35

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:47:35

Please record - **UNDERARM GLAND SWELLING OR TENDERNESS.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-15T21:41:28', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '280d0d93-51c0-43d7-8aee-da71efe4f366'	System	16 Oct 2020 02:41:35
User entered 'None (1)'	System	16 Oct 2020 02:41:35

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:47:35

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-15T21:41:31', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '280d0d93-51c0-43d7-8aee-da71efe4f366'	System	16 Oct 2020 02:41:35
User entered '15 Oct 2020 21:41'	System	16 Oct 2020 02:41:35

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '15 Oct 2020 12:00'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '16 Oct 2020 11:59'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	09 Oct 2020 13:03:19
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-09T09:30:22', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'f043dd60-0946-4f5b-ae9-e4ae898e1e06'	System	09 Oct 2020 13:30:50
User entered 'None (0)'	System	09 Oct 2020 13:30:50

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-09T09:30:25', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'f043dd60-0946-4f5b-ae9-e4ae898e1e06'	System	09 Oct 2020 13:30:50
User entered 'None (0)'	System	09 Oct 2020 13:30:50

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-09T09:30:27', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'f043dd60-0946-4f5b-ae9-e4ae898e1e06'	System	09 Oct 2020 13:30:50
User entered 'None (0)'	System	09 Oct 2020 13:30:50

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-09T09:30:31', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'f043dd60-0946-4f5b-ae9-e4ae898e1e06'	System	09 Oct 2020 13:30:50
User entered 'None (0)'	System	09 Oct 2020 13:30:50

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-09T09:30:33', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'f043dd60-0946-4f5b-ae9-e4ae898e1e06'	System	09 Oct 2020 13:30:50
User entered 'None (0)'	System	09 Oct 2020 13:30:50

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-09T09:30:36', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'f043dd60-0946-4f5b-ae9-e4ae898e1e06'	System	09 Oct 2020 13:30:50
User entered 'None (0)'	System	09 Oct 2020 13:30:50

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

Did you receive any **MEDICAL ATTENTION** (doctor visit, other) for any illness or symptoms?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-09T09:30:40', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'f043dd60-0946-4f5b-ae9-e4ae898e1e06'	System	09 Oct 2020 13:30:50
User entered 'No (N)'	System	09 Oct 2020 13:30:50

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-09T09:30:45', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'f043dd60-0946-4f5b-ae9-e4ae898e1e06'	System	09 Oct 2020 13:30:50
User entered '09 Oct 2020 09:30'	System	09 Oct 2020 13:30:50

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '09 Oct 2020 09:21'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '09 Oct 2020 11:51'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	09 Oct 2020 13:03:19
User entered 'Day 1, after vaccination (at home)'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-09T21:23:16', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'f56da4a4-1613-4c37-a320-247921416076'	System	10 Oct 2020 01:23:38
User entered 'None (0)'	System	10 Oct 2020 01:23:38

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-09T21:23:18', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'f56da4a4-1613-4c37-a320-247921416076'	System	10 Oct 2020 01:23:38
User entered 'None (0)'	System	10 Oct 2020 01:23:38

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-09T21:23:22', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'f56da4a4-1613-4c37-a320-247921416076'	System	10 Oct 2020 01:23:38
User entered 'None (0)'	System	10 Oct 2020 01:23:38

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-09T21:23:24', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'f56da4a4-1613-4c37-a320-247921416076'	System	10 Oct 2020 01:23:38
User entered 'None (0)'	System	10 Oct 2020 01:23:38

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-09T21:23:27', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'f56da4a4-1613-4c37-a320-247921416076'	System	10 Oct 2020 01:23:38
User entered 'None (0)'	System	10 Oct 2020 01:23:38

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-09T21:23:29', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'f56da4a4-1613-4c37-a320-247921416076'	System	10 Oct 2020 01:23:38
User entered 'None (0)'	System	10 Oct 2020 01:23:38

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

Did you receive any **MEDICAL ATTENTION** (doctor visit, other) for any illness or symptoms?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-09T21:23:33', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'f56da4a4-1613-4c37-a320-247921416076'	System	10 Oct 2020 01:23:38
User entered 'No (N)'	System	10 Oct 2020 01:23:38

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-09T21:23:36', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'f56da4a4-1613-4c37-a320-247921416076' User entered '09 Oct 2020 21:23'	System	10 Oct 2020 01:23:38
	System	10 Oct 2020 01:23:38

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '09 Oct 2020 12:46'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '10 Oct 2020 11:59'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	09 Oct 2020 13:03:19
User entered 'Day 2'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:47:35

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-10T21:08:19', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'afaeec8a-b1b5-45c6-a586-236ee64dc41f'	System	11 Oct 2020 02:09:29
User entered 'None (0)'	System	11 Oct 2020 02:09:29

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:47:35

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-10T21:08:26', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'afaeec8a-b1b5-45c6-a586-236ee64dc41f'	System	11 Oct 2020 02:09:29
User entered 'None (0)'	System	11 Oct 2020 02:09:29

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:47:35

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-10T21:08:34', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'afaeec8a-b1b5-45c6-a586-236ee64dc41f'	System	11 Oct 2020 02:09:29
User entered 'No interference with activity (1)'	System	11 Oct 2020 02:09:29

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:47:35

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-10T21:08:42', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'afaeec8a-b1b5-45c6-a586-236ee64dc41f'	System	11 Oct 2020 02:09:29
User entered 'No interference with activity (1)'	System	11 Oct 2020 02:09:29

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:47:35

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-10T21:08:48', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'afaeec8a-b1b5-45c6-a586-236ee64dc41f'	System	11 Oct 2020 02:09:29
User entered 'None (0)'	System	11 Oct 2020 02:09:29

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:47:35

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-10T21:09:10', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'afaeec8a-b1b5-45c6-a586-236ee64dc41f'	System	11 Oct 2020 02:09:29
User entered 'Some interference with activity not requiring medical attention (2)'	System	11 Oct 2020 02:09:29

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:47:35

Did you receive any **MEDICAL ATTENTION** (doctor visit, other) for any illness or symptoms?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-10T21:09:22', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'afaeec8a-b1b5-45c6-a586-236ee64dc41f' User entered 'No (N)'	System	11 Oct 2020 02:09:29
	System	11 Oct 2020 02:09:29

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:47:35

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-10T21:09:27', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'afaeec8a-b1b5-45c6-a586-236ee64dc41f' User entered '10 Oct 2020 21:09'	System	11 Oct 2020 02:09:29
	System	11 Oct 2020 02:09:29

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '10 Oct 2020 12:00'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '11 Oct 2020 11:59'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	09 Oct 2020 13:03:19
User entered 'Day 3'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:47:35

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-12T00:02:37', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '321ed6e3-92e7-4831-bb5d-50f220deb05f'	System	12 Oct 2020 05:02:59
User entered 'None (0)'	System	12 Oct 2020 05:02:59

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:47:35

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-12T00:02:41', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '321ed6e3-92e7-4831-bb5d-50f220deb05f' User entered 'None (0)'	System	12 Oct 2020 05:02:59
	System	12 Oct 2020 05:02:59

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:47:35

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-12T00:02:43', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '321ed6e3-92e7-4831-bb5d-50f220deb05f'	System	12 Oct 2020 05:02:59
User entered 'None (0)'	System	12 Oct 2020 05:02:59

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:47:35

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-12T00:02:46', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '321ed6e3-92e7-4831-bb5d-50f220deb05f'	System	12 Oct 2020 05:02:59
User entered 'None (0)'	System	12 Oct 2020 05:02:59

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:47:35

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-12T00:02:48', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '321ed6e3-92e7-4831-bb5d-50f220deb05f'	System	12 Oct 2020 05:02:59
User entered 'None (0)'	System	12 Oct 2020 05:02:59

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:47:35

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-12T00:02:51', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '321ed6e3-92e7-4831-bb5d-50f220deb05f' User entered 'None (0)'	System	12 Oct 2020 05:02:59
	System	12 Oct 2020 05:02:59

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:47:35

Did you receive any **MEDICAL ATTENTION** (doctor visit, other) for any illness or symptoms?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-12T00:02:54', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '321ed6e3-92e7-4831-bb5d-50f220deb05f'	System	12 Oct 2020 05:02:59
User entered 'No (N)'	System	12 Oct 2020 05:02:59

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:47:35

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-12T00:02:58', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '321ed6e3-92e7-4831-bb5d-50f220deb05f' User entered '12 Oct 2020 00:02'	System	12 Oct 2020 05:02:59
	System	12 Oct 2020 05:02:59

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '11 Oct 2020 12:00'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '12 Oct 2020 11:59'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	09 Oct 2020 13:03:19
User entered 'Day 4'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:47:35

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-12T22:47:34', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'f9f1e9a8-7fd3-4f4c-a64c-4931b490b883'	System	13 Oct 2020 03:48:06
User entered 'None (0)'	System	13 Oct 2020 03:48:06

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:47:35

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-12T22:47:37', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'f9f1e9a8-7fd3-4f4c-a64c-4931b490b883'	System	13 Oct 2020 03:48:06
User entered 'None (0)'	System	13 Oct 2020 03:48:06

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:47:35

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-12T22:47:40', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'f9f1e9a8-7fd3-4f4c-a64c-4931b490b883'	System	13 Oct 2020 03:48:06
User entered 'None (0)'	System	13 Oct 2020 03:48:06

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:47:35

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-12T22:47:47', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'f9f1e9a8-7fd3-4f4c-a64c-4931b490b883'	System	13 Oct 2020 03:48:06
User entered 'None (0)'	System	13 Oct 2020 03:48:06

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:47:35

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-12T22:47:50', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'f9f1e9a8-7fd3-4f4c-a64c-4931b490b883'	System	13 Oct 2020 03:48:06
User entered 'None (0)'	System	13 Oct 2020 03:48:06

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:47:35

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-12T22:47:53', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'f9f1e9a8-7fd3-4f4c-a64c-4931b490b883'	System	13 Oct 2020 03:48:06
User entered 'None (0)'	System	13 Oct 2020 03:48:06

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:47:35

Did you receive any **MEDICAL ATTENTION** (doctor visit, other) for any illness or symptoms?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-12T22:47:58', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'f9f1e9a8-7fd3-4f4c-a64c-4931b490b883'	System	13 Oct 2020 03:48:06
User entered 'No (N)'	System	13 Oct 2020 03:48:06

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:47:35

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-12T22:48:01', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'f9f1e9a8-7fd3-4f4c-a64c-4931b490b883'	System	13 Oct 2020 03:48:06
User entered '12 Oct 2020 22:48'	System	13 Oct 2020 03:48:06

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '12 Oct 2020 12:00'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '13 Oct 2020 11:59'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	09 Oct 2020 13:03:19
User entered 'Day 5'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:47:35

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-13T21:50:42', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'c852ef53-82fb-4cd1-b911-962ef368e935'	System	14 Oct 2020 02:51:08
User entered 'None (0)'	System	14 Oct 2020 02:51:08

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:47:35

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-13T21:50:45', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'c852ef53-82fb-4cd1-b911-962ef368e935'	System	14 Oct 2020 02:51:08
User entered 'None (0)'	System	14 Oct 2020 02:51:08

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:47:35

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-13T21:50:47', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'c852ef53-82fb-4cd1-b911-962ef368e935'	System	14 Oct 2020 02:51:08
User entered 'None (0)'	System	14 Oct 2020 02:51:08

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:47:35

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-13T21:50:50', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'c852ef53-82fb-4cd1-b911-962ef368e935'	System	14 Oct 2020 02:51:08
User entered 'None (0)'	System	14 Oct 2020 02:51:08

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:47:35

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-13T21:50:52', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'c852ef53-82fb-4cd1-b911-962ef368e935'	System	14 Oct 2020 02:51:08
User entered 'None (0)'	System	14 Oct 2020 02:51:08

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:47:35

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-13T21:50:54', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'c852ef53-82fb-4cd1-b911-962ef368e935'	System	14 Oct 2020 02:51:08
User entered 'None (0)'	System	14 Oct 2020 02:51:08

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:47:35

Did you receive any **MEDICAL ATTENTION** (doctor visit, other) for any illness or symptoms?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-13T21:51:01', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'c852ef53-82fb-4cd1-b911-962ef368e935'	System	14 Oct 2020 02:51:08
User entered 'No (N)'	System	14 Oct 2020 02:51:08

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:47:35

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-13T21:51:04', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'c852ef53-82fb-4cd1-b911-962ef368e935'	System	14 Oct 2020 02:51:08
User entered '13 Oct 2020 21:51'	System	14 Oct 2020 02:51:08

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '13 Oct 2020 12:00'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '14 Oct 2020 11:59'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	09 Oct 2020 13:03:19
User entered 'Day 6'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:47:35

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-15T05:58:26', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '8411c480-58de-4804-81d6-e73ab9c101da' User entered 'None (0)'	System	15 Oct 2020 10:58:48
	System	15 Oct 2020 10:58:48

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:47:35

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-15T05:58:29', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '8411c480-58de-4804-81d6-e73ab9c101da' User entered 'None (0)'	System	15 Oct 2020 10:58:48
	System	15 Oct 2020 10:58:48

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:47:35

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-15T05:58:31', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '8411c480-58de-4804-81d6-e73ab9c101da' User entered 'None (0)'	System	15 Oct 2020 10:58:48
	System	15 Oct 2020 10:58:48

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:47:35

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-15T05:58:33', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '8411c480-58de-4804-81d6-e73ab9c101da' User entered 'None (0)'	System	15 Oct 2020 10:58:48
	System	15 Oct 2020 10:58:48

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:47:35

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-15T05:58:35', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '8411c480-58de-4804-81d6-e73ab9c101da' User entered 'None (0)'	System	15 Oct 2020 10:58:48
	System	15 Oct 2020 10:58:48

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:47:35

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-15T05:58:38', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '8411c480-58de-4804-81d6-e73ab9c101da' User entered 'None (0)'	System	15 Oct 2020 10:58:48
	System	15 Oct 2020 10:58:48

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:47:35

Did you receive any **MEDICAL ATTENTION** (doctor visit, other) for any illness or symptoms?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-15T05:58:42', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '8411c480-58de-4804-81d6-e73ab9c101da'	System	15 Oct 2020 10:58:48
User entered 'No (N)'	System	15 Oct 2020 10:58:48

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:47:35

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-15T05:58:45', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '8411c480-58de-4804-81d6-e73ab9c101da' User entered '15 Oct 2020 05:58'	System	15 Oct 2020 10:58:48
	System	15 Oct 2020 10:58:48

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '14 Oct 2020 12:00'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '15 Oct 2020 11:59'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	09 Oct 2020 13:03:19
User entered 'Day 7'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:47:35

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-15T21:41:46', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '71ce5f68-deba-4a74-b036-d12824245908'	System	16 Oct 2020 02:42:08
User entered 'None (0)'	System	16 Oct 2020 02:42:08

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:47:35

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-15T21:41:49', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '71ce5f68-deba-4a74-b036-d12824245908'	System	16 Oct 2020 02:42:08
User entered 'None (0)'	System	16 Oct 2020 02:42:08

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:47:35

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-15T21:41:51', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '71ce5f68-deba-4a74-b036-d12824245908'	System	16 Oct 2020 02:42:08
User entered 'None (0)'	System	16 Oct 2020 02:42:08

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:47:35

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-15T21:41:53', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '71ce5f68-deba-4a74-b036-d12824245908'	System	16 Oct 2020 02:42:08
User entered 'None (0)'	System	16 Oct 2020 02:42:08

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:47:35

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-15T21:41:56', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '71ce5f68-deba-4a74-b036-d12824245908'	System	16 Oct 2020 02:42:08
User entered 'None (0)'	System	16 Oct 2020 02:42:08

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:47:35

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-15T21:41:59', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '71ce5f68-deba-4a74-b036-d12824245908'	System	16 Oct 2020 02:42:08
User entered 'None (0)'	System	16 Oct 2020 02:42:08

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:47:35

Did you receive any **MEDICAL ATTENTION** (doctor visit, other) for any illness or symptoms?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-15T21:42:04', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '71ce5f68-deba-4a74-b036-d12824245908'	System	16 Oct 2020 02:42:08
User entered 'No (N)'	System	16 Oct 2020 02:42:08

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:47:35

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-10-15T21:42:06', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '71ce5f68-deba-4a74-b036-d12824245908'	System	16 Oct 2020 02:42:08
User entered '15 Oct 2020 21:42'	System	16 Oct 2020 02:42:08

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:47:35

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '15 Oct 2020 12:00'	System	09 Oct 2020 13:03:19

US3242314

Folder: Diary Dose 2 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:47:35

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '16 Oct 2020 11:59'	System	09 Oct 2020 13:03:19

US3242314

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:47:35

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Erynn McKinley (b) (4) (b) (4)	19 Oct 2020 14:21:56

US3242314

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:47:35

Date of Contact or Contact Attempt (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '18 Oct 2020'	Erynn McKinley (b) (4) (b) (4)	19 Oct 2020 14:21:56

US3242314

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:47:35

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Erynn McKinley (b) (4) (b) (4)	19 Oct 2020 14:21:56

US3242314

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:47:35

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Erynn McKinley (b) (4) (b) (4)	19 Oct 2020 14:21:56

US3242314

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:47:35

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Erynn McKinley (b) (4) (b) (4)	19 Oct 2020 14:21:59

US3242314

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:47:35

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	19 Oct 2020 14:21:59

US3242314

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:47:35

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	02 Nov 2020 12:53:06

US3242314

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:47:35

Date of Contact or Contact Attempt (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '26 Oct 2020'	Donna Toepfer (b) (4)	02 Nov 2020 12:53:06

US3242314

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:47:35

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Donna Toepfer (b) (4)	02 Nov 2020 12:53:06

US3242314

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:47:35

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Donna Toepfer (b) (4)	02 Nov 2020 12:53:06

US3242314

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:47:35

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	02 Nov 2020 12:53:10

US3242314

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:47:35

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	02 Nov 2020 12:53:10

US3242314

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:47:35

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	02 Nov 2020 12:53:27

US3242314

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:47:35

Date of Contact or Contact Attempt (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '30 Oct 2020'	Donna Toepfer (b) (4)	02 Nov 2020 12:53:27

US3242314

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:47:35

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Donna Toepfer (b) (4)	02 Nov 2020 12:53:27

US3242314

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:47:35

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Donna Toepfer (b) (4)	02 Nov 2020 12:53:27

US3242314

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:47:35

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	02 Nov 2020 12:58:44

US3242314

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:47:35

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	02 Nov 2020 12:58:44

US3242314

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:47:35

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	05 Nov 2020 14:05:20

US3242314

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:47:35

[Visit date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered '5 Nov 2020'	Donna Toepfer (b) (4)	05 Nov 2020 14:05:20

US3242314

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:47:35

Was visit performed at the participant's home or at the clinic?

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	Donna Toepfer (b) (4)	05 Nov 2020 14:05:20

US3242314

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:47:35

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'VISIT3'	System	05 Nov 2020 14:05:20

US3242314

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

Were vital signs assessed?

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	05 Nov 2020 14:05:50

US3242314

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '5 Nov 2020'	Donna Toepfer (b) (4)	05 Nov 2020 14:05:50

US3242314

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

Time of assessment (00:00-23:59)

Audit	User	Time (GMT)
User entered '08:19'	Donna Toepfer (b) (4)	05 Nov 2020 14:05:50

US3242314

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '5 Nov 2020 08:19'	System	05 Nov 2020 14:05:50

US3242314

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '97.0' F	Donna Toepfer (b) (4)	05 Nov 2020 14:05:50

US3242314

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	Donna Toepfer (b) (4)	05 Nov 2020 14:05:50

US3242314

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Donna Toepfer (b) (4)	05 Nov 2020 14:05:50

US3242314

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '68'	Donna Toepfer (b) (4)	05 Nov 2020 14:05:50

US3242314

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	05 Nov 2020 14:05:50

US3242314

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
User entered '16'	Donna Toepfer (b) (4)	05 Nov 2020 14:05:50

US3242314

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	05 Nov 2020 14:05:50

US3242314

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '126'	Donna Toepfer (b) (4)	05 Nov 2020 14:05:50

US3242314

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	05 Nov 2020 14:05:50

US3242314

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '72'	Donna Toepfer (b) (4)	05 Nov 2020 14:05:50

US3242314

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:47:35

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	05 Nov 2020 14:05:50

US3242314

Folder: Visit 3 Day 57 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:47:35

Was the physical examination performed?

Audit	User	Time (GMT)
User entered 'No (N)'	Donna Toepfer (b) (4)	05 Nov 2020 14:06:00

US3242314

Folder: Visit 3 Day 57 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:47:35

Date of examination (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	Donna Toepfer (b) (4)	05 Nov 2020 14:06:00

US3242314

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:47:35

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	05 Nov 2020 14:06:13

US3242314

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:47:35

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '5 Nov 2020'	Donna Toepfer (b) (4)	05 Nov 2020 14:06:13

US3242314

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:47:35

[Collection time \(00:00-23:59\)](#)

Audit	User	Time (GMT)
User entered '08:48'	Donna Toepfer (b) (4)	05 Nov 2020 14:06:13

US3242314

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:47:35

[Collection date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered '5 Nov 2020 08:48'	System	05 Nov 2020 14:06:13

US3242314

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:47:35

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	05 Nov 2020 14:06:18

US3242314

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:47:35

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	05 Nov 2020 14:06:18

US3242314

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	10 Sep 2020 16:23:29
User entered 'Day 64'	System	10 Sep 2020 16:23:29

US3242314

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-11-11T10:31:39', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '004b3358-a9d6-4150-a7fa-d0fe115ec3fd'	System	11 Nov 2020 15:32:33
User entered 'Yes (Y)'	System	11 Nov 2020 15:32:33

US3242314

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-11-11T10:31:46', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '004b3358-a9d6-4150-a7fa-d0fe115ec3fd'	System	11 Nov 2020 15:32:33
User entered 'No (N)'	System	11 Nov 2020 15:32:33

US3242314

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-11-11T10:31:54', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '004b3358-a9d6-4150-a7fa-d0fe115ec3fd'	System	11 Nov 2020 15:32:33
User entered 'No (N)'	System	11 Nov 2020 15:32:33

US3242314

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-11-11T10:32:13', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '004b3358-a9d6-4150-a7fa-d0fe115ec3fd'	System	11 Nov 2020 15:32:33
User entered 'No (N)'	System	11 Nov 2020 15:32:33

US3242314

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-11-11T10:32:28', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '004b3358-a9d6-4150-a7fa-d0fe115ec3fd' User entered '11 Nov 2020 10:32:28'	System	11 Nov 2020 15:32:33
	System	11 Nov 2020 15:32:33

US3242314

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	10 Sep 2020 16:23:29
User entered '10 Nov 2020 00:01'	System	10 Sep 2020 16:23:29

US3242314

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	10 Sep 2020 16:23:29
User entered '14 Nov 2020 23:59'	System	10 Sep 2020 16:23:29

US3242314

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	10 Sep 2020 16:23:29
User entered 'Day 71'	System	10 Sep 2020 16:23:29

US3242314

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-11-17T17:31:49', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '1781ed1d-fb69-47c9-b791-035b7aaae170'	System	17 Nov 2020 22:33:19
User entered 'No (N)'	System	17 Nov 2020 22:33:19

US3242314

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-11-17T17:32:40', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '1781ed1d-fb69-47c9-b791-035b7aaae170'	System	17 Nov 2020 22:33:19
User entered 'No (N)'	System	17 Nov 2020 22:33:19

US3242314

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-11-17T17:33:14', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: '1781ed1d-fb69-47c9-b791-035b7aaae170' User entered '17 Nov 2020 17:33:14'	System	17 Nov 2020 22:33:19
	System	17 Nov 2020 22:33:19

US3242314

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	10 Sep 2020 16:23:29
User entered '17 Nov 2020 00:01'	System	10 Sep 2020 16:23:29

US3242314

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	10 Sep 2020 16:23:29
User entered '21 Nov 2020 23:59'	System	10 Sep 2020 16:23:29

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 61'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '07 Nov 2020 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '11 Nov 2020 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 68'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '14 Nov 2020 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '18 Nov 2020 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 75'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-11-24T15:11:54', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'fb9fed4d-a2e0-4086-90b3-4f94399a7ee1'	System	24 Nov 2020 20:12:15
User entered 'No (N)'	System	24 Nov 2020 20:12:15

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-11-24T15:12:06', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'fb9fed4d-a2e0-4086-90b3-4f94399a7ee1'	System	24 Nov 2020 20:12:15
User entered 'No (N)'	System	24 Nov 2020 20:12:15

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (15EF7FDD-B1EA-4ABD-B1D6-3068D825148B)', Time: '2020-11-24T15:12:12', User OID: 'PatientReportedOutcome (US3242314)', ODM File OID: 'fb9fed4d-a2e0-4086-90b3-4f94399a7ee1' User entered '24 Nov 2020 15:12:12'	System	24 Nov 2020 20:12:15
	System	24 Nov 2020 20:12:15

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '21 Nov 2020 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '25 Nov 2020 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 82'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '28 Nov 2020 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '02 Dec 2020 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 89'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '05 Dec 2020 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '09 Dec 2020 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 96'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '12 Dec 2020 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '16 Dec 2020 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 103'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '19 Dec 2020 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '23 Dec 2020 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 110'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '26 Dec 2020 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '30 Dec 2020 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 117'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '02 Jan 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '06 Jan 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 124'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '09 Jan 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '13 Jan 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 131'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '16 Jan 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '20 Jan 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 138'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '23 Jan 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '27 Jan 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 145'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '30 Jan 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '03 Feb 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 152'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '06 Feb 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '10 Feb 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 159'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '13 Feb 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '17 Feb 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 166'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '20 Feb 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '24 Feb 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 173'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '27 Feb 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '03 Mar 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 180'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '06 Mar 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '10 Mar 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 187'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '13 Mar 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '17 Mar 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 194'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '20 Mar 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '24 Mar 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 201'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '27 Mar 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '31 Mar 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 208'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '03 Apr 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '07 Apr 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 215'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '10 Apr 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '14 Apr 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 222'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '17 Apr 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '21 Apr 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 229'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '24 Apr 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '28 Apr 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 236'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '01 May 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '05 May 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 243'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '08 May 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '12 May 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 250'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '15 May 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '19 May 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 257'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '22 May 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '26 May 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 264'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '29 May 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '02 Jun 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 271'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '05 Jun 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '09 Jun 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 278'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '12 Jun 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '16 Jun 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 285'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '19 Jun 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '23 Jun 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 292'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '26 Jun 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '30 Jun 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 299'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '03 Jul 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '07 Jul 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 306'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '10 Jul 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '14 Jul 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 313'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '17 Jul 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '21 Jul 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 320'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '24 Jul 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '28 Jul 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 327'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '31 Jul 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '04 Aug 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 334'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '07 Aug 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '11 Aug 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 341'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '14 Aug 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '18 Aug 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 348'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '21 Aug 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '25 Aug 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 355'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '28 Aug 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '01 Sep 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 362'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '04 Sep 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '08 Sep 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 369'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '11 Sep 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '15 Sep 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 376'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '18 Sep 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '22 Sep 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 383'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '25 Sep 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '29 Sep 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 390'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '02 Oct 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '06 Oct 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 397'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '09 Oct 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '13 Oct 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 404'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '16 Oct 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '20 Oct 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 411'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '23 Oct 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '27 Oct 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 418'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '30 Oct 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '03 Nov 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 425'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '06 Nov 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '10 Nov 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 432'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '13 Nov 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '17 Nov 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 439'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '20 Nov 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '24 Nov 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 446'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '27 Nov 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '01 Dec 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 453'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '04 Dec 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '08 Dec 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 460'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '11 Dec 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '15 Dec 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 467'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '18 Dec 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '22 Dec 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 474'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '25 Dec 2021 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '29 Dec 2021 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 481'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '01 Jan 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '05 Jan 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 488'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '08 Jan 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '12 Jan 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 495'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '15 Jan 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '19 Jan 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 502'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '22 Jan 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '26 Jan 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 509'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '29 Jan 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '02 Feb 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 516'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '05 Feb 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '09 Feb 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 523'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '12 Feb 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '16 Feb 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 530'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '19 Feb 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '23 Feb 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 537'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '26 Feb 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '02 Mar 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 544'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '05 Mar 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '09 Mar 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 551'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '12 Mar 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '16 Mar 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 558'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '19 Mar 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '23 Mar 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 565'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '26 Mar 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '30 Mar 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 572'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '02 Apr 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '06 Apr 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 579'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '09 Apr 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '13 Apr 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 586'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '16 Apr 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '20 Apr 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 593'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '23 Apr 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '27 Apr 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 600'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '30 Apr 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '04 May 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 607'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '07 May 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '11 May 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 614'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '14 May 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '18 May 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 621'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '21 May 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '25 May 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 628'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '28 May 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '01 Jun 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 635'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '04 Jun 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '08 Jun 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 642'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '11 Jun 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '15 Jun 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 649'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '18 Jun 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '22 Jun 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 656'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '25 Jun 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '29 Jun 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 663'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '02 Jul 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '06 Jul 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 670'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '09 Jul 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '13 Jul 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 677'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '16 Jul 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '20 Jul 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 684'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '23 Jul 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '27 Jul 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 691'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '30 Jul 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '03 Aug 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 698'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '06 Aug 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '10 Aug 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 705'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '13 Aug 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '17 Aug 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 712'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '20 Aug 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '24 Aug 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 719'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '27 Aug 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '31 Aug 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 726'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '03 Sep 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '07 Sep 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 733'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '10 Sep 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '14 Sep 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 740'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '17 Sep 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '21 Sep 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 747'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '24 Sep 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '28 Sep 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 754'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '01 Oct 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '05 Oct 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 761'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '08 Oct 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '12 Oct 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 768'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '15 Oct 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '19 Oct 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 775'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '22 Oct 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '26 Oct 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 782'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '29 Oct 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '02 Nov 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 789'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '05 Nov 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '09 Nov 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered 'Day 796'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '12 Nov 2022 00:01'	System	20 Nov 2020 07:03:16

US3242314

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:47:35

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:03:16
Amendment Manager: User entered '16 Nov 2022 23:59'	System	20 Nov 2020 07:03:16

US3242314

Folder: Adverse Events

Form: Adverse Events Summary

Generated On: 26 Nov 2020 10:47:35

[Did the participant experience any adverse events?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Yes (Y)' reason for change: Data Entry Error	Donna Toepfer (b) (4)	05 Nov 2020 14:06:43
User entered 'No (N)'	Donna Toepfer (b) (4)	10 Sep 2020 15:31:02

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

[AEID](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:20:55
DataPoint Un-verified.	(b) (4), (b) (6)	19 Nov 2020 20:38:08
DataPoint Verified.	(b) (4), (b) (6)	19 Nov 2020 20:33:25
Reviewed for Safety.	(b) (4), (b) (6)	16 Nov 2020 20:22:42
User entered 'USA-US067-2020-mRNA-1273-P301000012'	System	16 Nov 2020 20:22:34
User entered 'New'	(b) (4), (b) (6)	16 Nov 2020 20:22:34

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

[Adverse event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:20:55
DataPoint Un-verified.	(b) (4), (b) (6)	19 Nov 2020 20:38:15
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:26:51
User coded data point as SOC: Neoplasms benign, malignant and unspecified (incl cysts and polyps), HLGT: Reproductive neoplasms male malignant and unspecified, HLT: Prostatic neoplasms malignant, PT: Prostate cancer, LLT: Adenocarcinoma of prostate - version MedDRA\23.0.	Coder Import (b) (4) (b) (4)	13 Nov 2020 15:04:46
User coded data point as Term Coded data point by User: (b) (6) - version MedDRA\23.0.	Coder Import (b) (4) (b) (4)	13 Nov 2020 15:04:46
Data point term sent to Coder	System	13 Nov 2020 14:08:20
User entered 'Prostatic Adenocarcinoma (Gleason Score 3+4+=7)'	Donna Toepfer (b) (4)	13 Nov 2020 14:07:42

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

[Was this a medically-attended AE?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:20:55
DataPoint Un-verified.	(b) (4), (b) (6)	19 Nov 2020 20:38:17
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:26:51
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	13 Nov 2020 14:07:42

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

[Was this a Solicited Adverse Reaction?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:20:55
DataPoint Un-verified.	(b) (4), (b) (6)	19 Nov 2020 20:38:19
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:26:51
User entered 'No (N)'	Donna Toepfer (b) (4)	13 Nov 2020 14:07:42

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

[Is this event a confirmed diagnosis of Symptomatic Covid-19?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:20:55
DataPoint Un-verified.	(b) (4), (b) (6)	19 Nov 2020 20:38:21
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:26:51
User entered 'No (N)'	Donna Toepfer (b) (4)	13 Nov 2020 14:07:42

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:20:55
DataPoint Un-verified.	(b) (4), (b) (6)	19 Nov 2020 20:38:26
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:26:51
User entered '06 Nov 2020'	Donna Toepfer (b) (4)	13 Nov 2020 14:07:42

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

[Start time \(00:00-23:59\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:20:55
DataPoint Un-verified.	(b) (4), (b) (6)	19 Nov 2020 20:38:30
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:26:51
User entered empty.	Donna Toepfer (b) (4)	13 Nov 2020 14:07:42

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

[AE start date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	13 Nov 2020 14:07:42

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

[Ongoing?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:20:55
DataPoint Un-verified.	(b) (4), (b) (6)	19 Nov 2020 20:38:32
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:26:51
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	13 Nov 2020 14:07:42

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

If not Ongoing, end date (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:20:55
User closed query 'PV Query: Please provide the event end date, when available.' (Site from Safety).	(b) (4), (b) (6)	24 Nov 2020 16:37:04
Query 'PV Query: Please provide the event end date, when available.' answered with 'ongoing at this time' (Site from Safety).	Donna Toepfer (b) (4)	23 Nov 2020 21:00:33
User opened query 'PV Query: Please provide the event end date, when available.' (Site from Safety).	(b) (4), (b) (6)	23 Nov 2020 18:22:50
DataPoint Un-verified.	(b) (4), (b) (6)	19 Nov 2020 20:38:38
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:26:51
User entered empty.	Donna Toepfer (b) (4)	13 Nov 2020 14:07:42

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

[End time \(00:00-23:59\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:20:55
DataPoint Un-verified.	(b) (4), (b) (6)	19 Nov 2020 20:38:40
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:26:51
User entered empty.	Donna Toepfer (b) (4)	13 Nov 2020 14:07:42

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

[AE End Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	13 Nov 2020 14:07:42

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

[Severity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:20:55
DataPoint Un-verified.	(b) (4), (b) (6)	19 Nov 2020 20:38:43
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:26:51
User entered 'Grade 3/Severe (Grade 3/Severe)'	Donna Toepfer (b) (4)	13 Nov 2020 14:07:42

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

[Is the adverse event serious?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:20:55
DataPoint Un-verified.	(b) (4), (b) (6)	19 Nov 2020 20:38:45
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:26:51
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	13 Nov 2020 14:07:42

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

[Death](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:20:55
DataPoint Un-verified.	(b) (4), (b) (6)	19 Nov 2020 20:38:47
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:26:51
User entered '0'	Donna Toepfer (b) (4)	13 Nov 2020 14:07:42

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

[Life threatening](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:20:55
User closed query 'PV Query: Please confirm if event should be life threatening or medically significant as intensity is grade 3, and update as applicable.' (Site from Safety).	(b) (4), (b) (6)	24 Nov 2020 16:37:06
Query 'PV Query: Please confirm if event should be life threatening or medically significant as intensity is grade 3, and update as applicable.' answered with 'correct as entered by PI' (Site from Safety).	Donna Toepfer (b) (4)	23 Nov 2020 21:01:09
User opened query 'PV Query: Please confirm if event should be life threatening or medically significant as intensity is grade 3, and update as applicable.' (Site from Safety).	(b) (4), (b) (6)	23 Nov 2020 18:24:17
DataPoint Un-verified.	(b) (4), (b) (6)	19 Nov 2020 20:38:53
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:26:51
User entered '1'	Donna Toepfer (b) (4)	13 Nov 2020 14:07:42

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:20:55
DataPoint Un-verified.	(b) (4), (b) (6)	19 Nov 2020 20:38:59
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:26:51
User entered '0'	Donna Toepfer (b) (4)	13 Nov 2020 14:07:42

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

Hospital Admission Date (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:20:55
DataPoint Un-verified.	(b) (4), (b) (6)	19 Nov 2020 20:39:01
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:26:51
User entered empty.	Donna Toepfer (b) (4)	13 Nov 2020 14:07:42

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

Hospital Discharge Date (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:20:55
DataPoint Un-verified.	(b) (4), (b) (6)	19 Nov 2020 20:39:04
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:26:51
User entered empty.	Donna Toepfer (b) (4)	13 Nov 2020 14:07:42

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

[Admitted to ICU?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:20:55
DataPoint Un-verified.	(b) (4), (b) (6)	19 Nov 2020 20:39:06
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:26:51
User entered empty.	Donna Toepfer (b) (4)	13 Nov 2020 14:07:42

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

[Number of Days in ICU](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:20:55
DataPoint Un-verified.	(b) (4), (b) (6)	19 Nov 2020 20:39:10
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:26:51
User entered empty.	Donna Toepfer (b) (4)	13 Nov 2020 14:07:42

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:20:55
DataPoint Un-verified.	(b) (4), (b) (6)	19 Nov 2020 20:39:12
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:26:51
User entered '0'	Donna Toepfer (b) (4)	13 Nov 2020 14:07:42

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:20:55
DataPoint Un-verified.	(b) (4), (b) (6)	19 Nov 2020 20:39:14
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:26:51
User entered '0'	Donna Toepfer (b) (4)	13 Nov 2020 14:07:42

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

[Other medically important event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:20:55
DataPoint Un-verified.	(b) (4), (b) (6)	19 Nov 2020 20:39:22
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:26:51
User entered '0'	Donna Toepfer (b) (4)	13 Nov 2020 14:07:42

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

[Relationship to investigational product](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:20:55
DataPoint Un-verified.	(b) (4), (b) (6)	19 Nov 2020 20:39:24
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:26:51
User entered 'Not Related (NOT RELATED)'	Donna Toepfer (b) (4)	13 Nov 2020 14:07:42

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

[Relationship to Study Procedure](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:20:55
DataPoint Un-verified.	(b) (4), (b) (6)	19 Nov 2020 20:39:25
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:26:51
User entered 'Not Related (NOT RELATED)'	Donna Toepfer (b) (4)	13 Nov 2020 14:07:42

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

[Action taken with investigational product](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:20:55
DataPoint Un-verified.	(b) (4), (b) (6)	19 Nov 2020 20:39:27
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:26:51
User entered 'Not Applicable (NOT APPLICABLE)'	Donna Toepfer (b) (4)	13 Nov 2020 14:07:42

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

[None](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:20:55
DataPoint Un-verified.	(b) (4), (b) (6)	19 Nov 2020 20:39:55
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:26:51
User entered '0'	Donna Toepfer (b) (4)	13 Nov 2020 14:07:42

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

[Concomitant Medication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:20:55
DataPoint Un-verified.	(b) (4), (b) (6)	19 Nov 2020 20:39:58
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:26:51
User entered '0'	Donna Toepfer (b) (4)	13 Nov 2020 14:07:42

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

[Concomitant Procedure](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:20:55
DataPoint Un-verified.	(b) (4), (b) (6)	19 Nov 2020 20:40:03
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:26:51
User entered 'I'	Donna Toepfer (b) (4)	13 Nov 2020 14:07:42

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

[Outcome](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:20:55
User closed query 'PV Query: Please provide the final event outcome, when available. If not expected to resolve, please confirm in your response. If resolution is expected, please keep query open until achieved.' (Site from Safety).	(b) (4), (b) (6)	24 Nov 2020 16:37:11
Query 'PV Query: Please provide the final event outcome, when available. If not expected to resolve, please confirm in your response. If resolution is expected, please keep query open until achieved.' answered with 'ongoing at this time' (Site from Safety).	Donna Toepfer (b) (4)	23 Nov 2020 21:01:29
User opened query 'PV Query: Please provide the final event outcome, when available. If not expected to resolve, please confirm in your response. If resolution is expected, please keep query open until achieved.' (Site from Safety).	(b) (4), (b) (6)	23 Nov 2020 18:23:19
DataPoint Un-verified.	(b) (4), (b) (6)	19 Nov 2020 20:40:08
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:26:51
User entered 'Not Recovered/Not Resolved (NOT RECOVERED/NOT RESOLVED)'	Donna Toepfer (b) (4)	13 Nov 2020 14:07:42

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

[If outcome is Recovered/Resolved with Sequelae, please specify the sequelae:](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:20:55
DataPoint Un-verified.	(b) (4), (b) (6)	19 Nov 2020 20:40:11
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:26:51
User entered empty.	Donna Toepfer (b) (4)	13 Nov 2020 14:07:42

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

[Narrative](#)

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	24 Nov 2020 17:21:02
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:20:55
User opened query 'PV Query: Has the subject seen an oncologist or have plans to see one? If so, what is the course of treatment.' (Site from Safety).	(b) (4), (b) (6)	23 Nov 2020 18:24:30
User opened query 'PV Query: Please provide date of biopsy and consider updating event start to date of biopsy (if not already).' (Site from Safety).	(b) (4), (b) (6)	23 Nov 2020 18:23:44
User opened query 'PV Query: Please provide treatment given for the event. Please add any treatment medications to the concomitant medication eCRF (including dates of administration, dose, units, frequency, route and indication). If no treatment was provided, please state so.' (Site from Safety).	(b) (4), (b) (6)	23 Nov 2020 18:23:30
User opened query 'PV Query: Please provide any relevant laboratory and diagnostic test results (i.e. any additional imaging). Please include units and reference ranges if applicable.' (Site from Safety).	(b) (4), (b) (6)	23 Nov 2020 18:22:59
DataPoint Un-verified.	(b) (4), (b) (6)	19 Nov 2020 20:40:15
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:26:51
User entered 'Subject went to urologist on 22Oct2020. Prostate biopsy was scheduled due to increasing PSA levels over last several years. Medical records received to reveal Prostatic Adenocarcinoma. Per PI, this does meet serious criteria. Will follow subject for plan of treatment'	Donna Toepfer (b) (4)	13 Nov 2020 14:07:42

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

[Serious Adverse Event Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered 'I'	System	13 Nov 2020 14:07:42

US3242314

Folder: Adverse Events

Form: Adverse Events (3)

Generated On: 26 Nov 2020 10:47:35

[Medically Attended AE Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered 'I'	System	13 Nov 2020 14:07:42

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination Summary

Generated On: 26 Nov 2020 10:47:35

[Were any prior/concomitant medications and/or vaccinations taken?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	10 Sep 2020 16:04:44

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:47:35

[Name of Medication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User coded data point as ATC: CARDIOVASCULAR SYSTEM, ATC: AGENTS ACTING ON THE RENIN-ANGIOTENSIN SYSTEM, ATC: ACE INHIBITORS, PLAIN, ATC: ACE INHIBITORS, PLAIN, PRODUCT: LISINOPRIL - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	10 Sep 2020 16:06:45
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	10 Sep 2020 16:06:45
Data point term sent to Coder	System	10 Sep 2020 16:05:37
User entered 'Lisinopril'	Donna Toepfer (b) (4) (b) (4) (b) (4)	10 Sep 2020 16:05:18

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:47:35

[Prophylaxis](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'No (N)'	Donna Toepfer (b) (4)	10 Sep 2020 16:05:18

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:47:35

[Indication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Hypertension'	Donna Toepfer (b) (4)	10 Sep 2020 16:05:18

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:47:35

[Dose per administration](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered '40'	Donna Toepfer (b) (4)	10 Sep 2020 16:05:18

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:47:35

[Dose unit](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'mg (mg)'	Donna Toepfer (b) (4)	10 Sep 2020 16:05:18

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:47:35

If dose unit is Other, specify

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 16:05:18

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:47:35

[Frequency](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'once daily (QD)'	Donna Toepfer (b) (4)	10 Sep 2020 16:05:18

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:47:35

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 16:05:18

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:47:35

[Route of administration](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Oral (ORAL)'	Donna Toepfer (b) (4)	10 Sep 2020 16:05:18

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:47:35

[If route of administration is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 16:05:18

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:47:35

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'UN UNK 1994'	Donna Toepfer (b) (4)	10 Sep 2020 16:05:18

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:47:35

[Start date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered '0'	Donna Toepfer (b) (4)	10 Sep 2020 16:05:18

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:47:35

[Ongoing?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	10 Sep 2020 16:05:18

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:47:35

If not Ongoing, End date (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 16:05:18

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:47:35

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'No (N)'	Donna Toepfer (b) (4)	10 Sep 2020 16:05:18

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:47:35

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	10 Sep 2020 16:05:18

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:47:35

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	10 Sep 2020 16:05:18

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:47:35

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered '804 (804)'	System	10 Sep 2020 16:05:18

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:47:35

[Name of Medication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User coded data point as ATC: CARDIOVASCULAR SYSTEM, ATC: CALCIUM CHANNEL BLOCKERS, ATC: SELECTIVE CALCIUM CHANNEL BLOCKERS WITH MAINLY VASCULAR EFFECTS, ATC: DIHYDROPYRIDINE DERIVATIVES, PRODUCT: AMLODIPINE - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	10 Sep 2020 16:07:53
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	10 Sep 2020 16:07:53
Data point term sent to Coder	System	10 Sep 2020 16:06:39
User entered 'Amlodipine'	Donna Toepfer (b) (4) 	10 Sep 2020 16:05:47

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:47:35

[Prophylaxis](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'No (N)'	Donna Toepfer (b) (4)	10 Sep 2020 16:05:47

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:47:35

[Indication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Hypertension'	Donna Toepfer (b) (4)	10 Sep 2020 16:05:47

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:47:35

[Dose per administration](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered '5'	Donna Toepfer (b) (4)	10 Sep 2020 16:05:47

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:47:35

[Dose unit](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'mg (mg)'	Donna Toepfer (b) (4)	10 Sep 2020 16:05:47

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:47:35

[If dose unit is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 16:05:47

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:47:35

[Frequency](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'once daily (QD)'	Donna Toepfer (b) (4)	10 Sep 2020 16:05:47

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:47:35

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 16:05:47

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:47:35

[Route of administration](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Oral (ORAL)'	Donna Toepfer (b) (4)	10 Sep 2020 16:05:47

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:47:35

[If route of administration is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 16:05:47

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:47:35

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'UN UNK 1994'	Donna Toepfer (b) (4)	10 Sep 2020 16:05:47

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:47:35

[Start date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered '0'	Donna Toepfer (b) (4)	10 Sep 2020 16:05:47

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:47:35

[Ongoing?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	10 Sep 2020 16:05:47

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:47:35

If not Ongoing, End date (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 16:05:47

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:47:35

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'No (N)'	Donna Toepfer (b) (4)	10 Sep 2020 16:05:47

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:47:35

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	10 Sep 2020 16:05:47

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:47:35

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	10 Sep 2020 16:05:47

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:47:35

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered '804 (804)'	System	10 Sep 2020 16:05:47

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:47:35

[Name of Medication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User coded data point as ATC: SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES AND INSULINS, ATC: THYROID THERAPY, ATC: THYROID PREPARATIONS, ATC: THYROID HORMONES, PRODUCT: LEVOTHYROXINE - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	10 Sep 2020 16:07:54
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	10 Sep 2020 16:07:54
Data point term sent to Coder	System	10 Sep 2020 16:06:41
User entered 'Levothyroxine'	Donna Toepfer (b) (4) 	10 Sep 2020 16:06:17

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:47:35

[Prophylaxis](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'No (N)'	Donna Toepfer (b) (4)	10 Sep 2020 16:06:17

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:47:35

[Indication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Hypothyroidism'	Donna Toepfer (b) (4)	10 Sep 2020 16:06:17

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:47:35

[Dose per administration](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered '125'	Donna Toepfer (b) (4)	10 Sep 2020 16:06:17

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:47:35

[Dose unit](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'ug (ug)'	Donna Toepfer (b) (4)	10 Sep 2020 16:06:17

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:47:35

[If dose unit is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 16:06:17

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:47:35

[Frequency](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'once daily (QD)'	Donna Toepfer (b) (4)	10 Sep 2020 16:06:17

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:47:35

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 16:06:17

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:47:35

[Route of administration](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Oral (ORAL)'	Donna Toepfer (b) (4)	10 Sep 2020 16:06:17

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:47:35

[If route of administration is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 16:06:17

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:47:35

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Un UNK 2000'	Donna Toepfer (b) (4)	10 Sep 2020 16:06:17

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:47:35

[Start date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered '0'	Donna Toepfer (b) (4)	10 Sep 2020 16:06:17

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:47:35

[Ongoing?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	10 Sep 2020 16:06:17

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:47:35

If not Ongoing, End date (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 16:06:17

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:47:35

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'No (N)'	Donna Toepfer (b) (4)	10 Sep 2020 16:06:17

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:47:35

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	10 Sep 2020 16:06:17

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:47:35

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	10 Sep 2020 16:06:17

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:47:35

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered '804 (804)'	System	10 Sep 2020 16:06:17

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:47:35

[Name of Medication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User coded data point as ATC: BLOOD AND BLOOD FORMING ORGANS, ATC: ANTITHROMBOTIC AGENTS, ATC: ANTITHROMBOTIC AGENTS, ATC: PLATELET AGGREGATION INHIBITORS EXCL. HEPARIN, PRODUCT: ACETYLSALICYLIC ACID, PRODUCTSYNONYM: ASPIRIN [ACETYLSALICYLIC ACID] - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	10 Sep 2020 16:07:53
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	10 Sep 2020 16:07:53
Data point term sent to Coder	System	10 Sep 2020 16:06:41
User entered 'Aspirin'	Donna Toepfer (b) (4) 	10 Sep 2020 16:06:36

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:47:35

[Prophylaxis](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'No (N)'	Donna Toepfer (b) (4)	10 Sep 2020 16:06:36

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:47:35

[Indication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Heart health'	Donna Toepfer (b) (4)	10 Sep 2020 16:06:36

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:47:35

[Dose per administration](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered '81'	Donna Toepfer (b) (4)	10 Sep 2020 16:06:36

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:47:35

[Dose unit](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'mg (mg)'	Donna Toepfer (b) (4)	10 Sep 2020 16:06:36

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:47:35

If dose unit is Other, specify

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 16:06:36

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:47:35

[Frequency](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'once daily (QD)'	Donna Toepfer (b) (4)	10 Sep 2020 16:06:36

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:47:35

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 16:06:36

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:47:35

[Route of administration](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Oral (ORAL)'	Donna Toepfer (b) (4)	10 Sep 2020 16:06:36

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:47:35

[If route of administration is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 16:06:36

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:47:35

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Un Jan 2020'	Donna Toepfer (b) (4)	10 Sep 2020 16:06:36

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:47:35

[Start date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered '0'	Donna Toepfer (b) (4)	10 Sep 2020 16:06:36

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:47:35

[Ongoing?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	10 Sep 2020 16:06:36

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:47:35

If not Ongoing, End date (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 16:06:36

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:47:35

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'No (N)'	Donna Toepfer (b) (4)	10 Sep 2020 16:06:36

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:47:35

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	10 Sep 2020 16:06:36

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:47:35

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	10 Sep 2020 16:06:36

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:47:35

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered '804 (804)'	System	10 Sep 2020 16:06:36

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:47:35

[Name of Medication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User coded data point as ATC: RESPIRATORY SYSTEM, ATC: ANTIHISTAMINES FOR SYSTEMIC USE, ATC: ANTIHISTAMINES FOR SYSTEMIC USE, ATC: PIPERAZINE DERIVATIVES, PRODUCT: CETIRIZINE HYDROCHLORIDE, PRODUCTSYNONYM: ZYRTEC [CETIRIZINE HYDROCHLORIDE] - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	10 Sep 2020 16:08:42
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	10 Sep 2020 16:08:42
Data point term sent to Coder	System	10 Sep 2020 16:07:43
User entered 'Zyrtec'	Donna Toepfer (b) (4) 	10 Sep 2020 16:07:03

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:47:35

[Prophylaxis](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'No (N)'	Donna Toepfer (b) (4)	10 Sep 2020 16:07:03

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:47:35

[Indication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Seasonal and Perennial allergic rhinitis'	Donna Toepfer (b) (4)	10 Sep 2020 16:07:03

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:47:35

[Dose per administration](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered '10'	Donna Toepfer (b) (4)	10 Sep 2020 16:07:03

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:47:35

[Dose unit](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'mg (mg)'	Donna Toepfer (b) (4)	10 Sep 2020 16:07:03

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:47:35

[If dose unit is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 16:07:03

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:47:35

[Frequency](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'once daily (QD)'	Donna Toepfer (b) (4)	10 Sep 2020 16:07:03

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:47:35

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 16:07:03

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:47:35

[Route of administration](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Oral (ORAL)'	Donna Toepfer (b) (4)	10 Sep 2020 16:07:03

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:47:35

[If route of administration is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 16:07:03

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:47:35

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'UN UNK 2016'	Donna Toepfer (b) (4)	10 Sep 2020 16:07:03

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:47:35

[Start date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered '0'	Donna Toepfer (b) (4)	10 Sep 2020 16:07:03

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:47:35

[Ongoing?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Yes (Y)'	Donna Toepfer (b) (4)	10 Sep 2020 16:07:03

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:47:35

If not Ongoing, End date (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered empty.	Donna Toepfer (b) (4)	10 Sep 2020 16:07:03

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:47:35

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'No (N)'	Donna Toepfer (b) (4)	10 Sep 2020 16:07:03

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:47:35

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	10 Sep 2020 16:07:03

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:47:35

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	10 Sep 2020 16:07:03

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:47:35

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered '804 (804)'	System	10 Sep 2020 16:07:03

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:47:35

[Name of Medication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User coded data point as ATC: NERVOUS SYSTEM, ATC: ANALGESICS, ATC: OTHER ANALGESICS AND ANTIPYRETICS, ATC: ANILIDES, PRODUCT: PARACETAMOL, PRODUCTSYNONYM: ACETAMINOPHEN - version WHODrug-Global-B3\\202003.	Coder Import (b) (4)	14 Oct 2020 13:20:29
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	(b) (4)	
Data point term sent to Coder	System	14 Oct 2020 13:19:41
User entered 'Acetaminophen'	Grace Newville (b) (4)	14 Oct 2020 13:19:26
	(b) (4)	

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:47:35

[Prophylaxis](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'No (N)'	Grace Newville (b) (4) (b) (4)	14 Oct 2020 13:19:26

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:47:35

Indication

Audit	User	Time (GMT)
Query 'Per DM CLR: Please note that there is no AE that matches this Con Med indication during this timeframe. If the CHILLS / BODY ACHES is considered a solicited local or systemic adverse reaction, and meets any of the following criteria:results in a visit to a healthcare provider (MAAE), leads to withdrawal from the study of study vaccination, or otherwise meets the definition of an SAE, please add an entry and applicable details to the AE ecrf as appropriate. Otherwise, please confirm in query response that the solicited adverse reaction of CHILLS / BODY ACHES did not meet the AE reporting criteria.' answered with 'captured in subject's diary' (Site from DM).	Donna Toepfer (b) (4)	23 Nov 2020 17:22:46
User opened query 'Per DM CLR: Please note that there is no AE that matches this Con Med indication during this timeframe. If the CHILLS / BODY ACHES is considered a solicited local or systemic adverse reaction, and meets any of the following criteria:results in a visit to a healthcare provider (MAAE), leads to withdrawal from the study of study vaccination, or otherwise meets the definition of an SAE, please add an entry and applicable details to the AE ecrf as appropriate. Otherwise, please confirm in query response that the solicited adverse reaction of CHILLS / BODY ACHES did not meet the AE reporting criteria.' (Site from DM).	(b) (4), (b) (6)	23 Nov 2020 10:30:50
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Chills / Body aches'	Grace Newville (b) (4) (b) (4)	14 Oct 2020 13:19:26

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:47:35

[Dose per administration](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered '1000'	Grace Newville (b) (4) (b) (4)	14 Oct 2020 13:19:26

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:47:35

[Dose unit](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'mg (mg)'	Grace Newville (b) (4) (b) (4)	14 Oct 2020 13:19:26

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:47:35

[If dose unit is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered empty.	Grace Newville (b) (4) (b) (4)	14 Oct 2020 13:19:26

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:47:35

[Frequency](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'once (ONCE)'	Grace Newville (b) (4) (b) (4)	14 Oct 2020 13:19:26

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:47:35

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered empty.	Grace Newville (b) (4) (b) (4)	14 Oct 2020 13:19:26

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:47:35

[Route of administration](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Oral (ORAL)'	Grace Newville (b) (4) (b) (4)	14 Oct 2020 13:19:26

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:47:35

[If route of administration is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered empty.	Grace Newville (b) (4) (b) (4)	14 Oct 2020 13:19:26

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:47:35

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered '10 Oct 2020'	Grace Newville (b) (4) (b) (4)	14 Oct 2020 13:19:26

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:47:35

[Start date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered '0'	Grace Newville (b) (4) (b) (4)	14 Oct 2020 13:19:26

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:47:35

[Ongoing?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'No (N)'	Grace Newville (b) (4) (b) (4)	14 Oct 2020 13:19:26

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:47:35

If not Ongoing, End date (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered '10 Oct 2020'	Grace Newville (b) (4) (b) (4)	14 Oct 2020 13:19:26

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:47:35

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Yes (Y)'	Grace Newville (b) (4) (b) (4)	14 Oct 2020 13:19:26

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:47:35

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	14 Oct 2020 13:19:26

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:47:35

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	14 Oct 2020 13:19:26

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:47:35

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	14 Oct 2020 13:19:26

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:47:35

[Name of Medication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User coded data point as ATC: GENITO URINARY SYSTEM AND SEX HORMONES, ATC: UROLOGICALS, ATC: DRUGS USED IN BENIGN PROSTATIC HYPERTROPHY, ATC: ALPHA-ADRENORECEPTOR ANTAGONISTS, PRODUCT: ALFUZOSIN - version WHODrug-Global-B3\\202003.	Coder Import (b) (4)	05 Nov 2020 22:46:31
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4)	05 Nov 2020 22:46:31
Data point term sent to Coder	System	05 Nov 2020 22:45:32
User entered 'Alfuzosin'	Erynn McKinley (b) (4)	05 Nov 2020 22:45:27

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:47:35

[Prophylaxis](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'No (N)'	Erynn McKinley (b) (4)	05 Nov 2020 22:45:27
	(b) (4)	

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:47:35

[Indication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Benign prostatic hyperplasia'	Erynn McKinley (b) (4) (b) (4)	05 Nov 2020 22:45:27

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:47:35

[Dose per administration](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered '10'	Erynn McKinley (b) (4)	05 Nov 2020 22:45:27

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:47:35

[Dose unit](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'mg (mg)'	Erynn McKinley (b) (4)	05 Nov 2020 22:45:27
	(b) (4)	

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:47:35

[If dose unit is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered empty.	Erynn McKinley (b) (4)	05 Nov 2020 22:45:27
	(b) (4)	

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:47:35

[Frequency](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'once daily (QD)'	Erynn McKinley (b) (4)	05 Nov 2020 22:45:27
	(b) (4)	

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:47:35

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered empty.	Erynn McKinley (b) (4)	05 Nov 2020 22:45:27
	(b) (4)	

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:47:35

[Route of administration](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Oral (ORAL)'	Erynn McKinley (b) (4)	05 Nov 2020 22:45:27

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:47:35

[If route of administration is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered empty.	Erynn McKinley (b) (4)	05 Nov 2020 22:45:27
	(b) (4)	

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:47:35

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered '31 Oct 2020'	Erynn McKinley (b) (4)	05 Nov 2020 22:45:27
	(b) (4)	

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:47:35

[Start date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered '0'	Erynn McKinley (b) (4)	05 Nov 2020 22:45:27
	(b) (4)	

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:47:35

[Ongoing?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Yes (Y)'	Erynn McKinley (b) (4)	05 Nov 2020 22:45:27
	(b) (4)	

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:47:35

If not Ongoing, End date (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered empty.	Erynn McKinley (b) (4)	05 Nov 2020 22:45:27
	(b) (4)	

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:47:35

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'No (N)'	Erynn McKinley (b) (4)	05 Nov 2020 22:45:27
	(b) (4)	

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:47:35

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	05 Nov 2020 22:45:27

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:47:35

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	05 Nov 2020 22:45:27

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 26 Nov 2020 10:47:35

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered '804 (804)'	System	05 Nov 2020 22:45:27

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:47:35

[Name of Medication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User coded data point as ATC: ANTIINFECTIVES FOR SYSTEMIC USE, ATC: ANTIBACTERIALS FOR SYSTEMIC USE, ATC: QUINOLONE ANTIBACTERIALS, ATC: FLUOROQUINOLONES, PRODUCT: CIPROFLOXACIN - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	06 Nov 2020 06:23:30
User coded data point as Term Coded data point by User: (b) (6) - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	06 Nov 2020 06:23:30
Data point term sent to Coder	System	05 Nov 2020 22:46:36
User entered 'Ciprofloxacin'	Erynn McKinley (b) (4) (b) (4)	05 Nov 2020 22:46:30

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:47:35

[Prophylaxis](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Yes (Y)'	Erynn McKinley (b) (4)	05 Nov 2020 22:46:30
	(b) (4)	

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:47:35

[Indication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Prophylaxis for prostate biopsy'	Erynn McKinley (b) (4) (b) (4)	05 Nov 2020 22:46:30

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:47:35

[Dose per administration](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered '500'	Erynn McKinley (b) (4)	05 Nov 2020 22:46:30
	(b) (4)	

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:47:35

[Dose unit](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'mg (mg)'	Erynn McKinley (b) (4)	05 Nov 2020 22:46:30
	(b) (4)	

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:47:35

[If dose unit is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered empty.	Erynn McKinley (b) (4)	05 Nov 2020 22:46:30
	(b) (4)	

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:47:35

[Frequency](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'twice daily (BID)'	Erynn McKinley (b) (4)	05 Nov 2020 22:46:30
	(b) (4)	

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:47:35

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered empty.	Erynn McKinley (b) (4)	05 Nov 2020 22:46:30
	(b) (4)	

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:47:35

[Route of administration](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Oral (ORAL)'	Erynn McKinley (b) (4)	05 Nov 2020 22:46:30
	(b) (4)	

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:47:35

[If route of administration is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered empty.	Erynn McKinley (b) (4)	05 Nov 2020 22:46:30
	(b) (4)	

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:47:35

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered '2 Nov 2020'	Erynn McKinley (b) (4)	05 Nov 2020 22:46:30
	(b) (4)	

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:47:35

[Start date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered '0'	Erynn McKinley (b) (4)	05 Nov 2020 22:46:30
	(b) (4)	

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:47:35

[Ongoing?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Yes (Y)'	Erynn McKinley (b) (4)	05 Nov 2020 22:46:30
	(b) (4)	

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:47:35

If not Ongoing, End date (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered empty.	Erynn McKinley (b) (4)	05 Nov 2020 22:46:30
	(b) (4)	

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:47:35

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'No (N)'	Erynn McKinley (b) (4)	05 Nov 2020 22:46:30
	(b) (4)	

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:47:35

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '2'	System	05 Nov 2020 22:46:30

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:47:35

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	05 Nov 2020 22:46:30

US3242314

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (8)

Generated On: 26 Nov 2020 10:47:35

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered '804 (804)'	System	05 Nov 2020 22:46:30

US3242314

Folder: Concomitant Procedures (1)

Form: Concomitant Procedures Summary

Generated On: 26 Nov 2020 10:47:35

[Were any concomitant procedures performed?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Yes (Y)' reason for change: Data Entry Error	Donna Toepfer (b) (4)	13 Nov 2020 14:00:24
User entered 'No (N)'	Donna Toepfer (b) (4)	10 Sep 2020 16:07:12

US3242314

Folder: Concomitant Procedures (1)

Form: Concomitant Procedures (1)

Generated On: 26 Nov 2020 10:47:35

Procedure/Surgery date (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered '04 Nov 2020'	Donna Toepfer (b) (4)	13 Nov 2020 14:01:03

US3242314

Folder: Concomitant Procedures (1)

Form: Concomitant Procedures (1)

Generated On: 26 Nov 2020 10:47:35

[Procedure/Surgery](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Prostate Biopsy'	Donna Toepfer (b) (4)	13 Nov 2020 14:01:03

US3242314

Folder: Concomitant Procedures (1)

Form: Concomitant Procedures (1)

Generated On: 26 Nov 2020 10:47:35

[Indication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered 'Adverse Event (AE)'	Donna Toepfer (b) (4)	13 Nov 2020 14:01:03

US3242314

Folder: Concomitant Procedures (1)

Form: Concomitant Procedures (1)

Generated On: 26 Nov 2020 10:47:35

If indication is Other, specify

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	14 Nov 2020 07:28:34
User entered empty.	Donna Toepfer (b) (4)	13 Nov 2020 14:01:03

US3242314

Folder: SAE USA-US067-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:47:35

[SAEID](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:19:19
Reviewed for Safety.	(b) (4), (b) (6)	16 Nov 2020 20:23:05
User entered 'USA-US067-2020-MRNA-1273-P301000012'	System	16 Nov 2020 20:22:34

US3242314

Folder: SAE USA-US067-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:47:35

Serious

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:19:19
Reviewed for Safety.	(b) (4), (b) (6)	16 Nov 2020 20:23:05
User entered 'Yes (Y)'	System	16 Nov 2020 20:22:34

US3242314

Folder: SAE USA-US067-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:47:35

[Death](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:19:19
Reviewed for Safety.	(b) (4), (b) (6)	16 Nov 2020 20:23:05
User entered 'No (N)'	System	16 Nov 2020 20:22:34

US3242314

Folder: SAE USA-US067-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:47:35

[Life threatening](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:19:19
Reviewed for Safety.	(b) (4), (b) (6)	16 Nov 2020 20:23:05
User entered 'Yes (Y)'	System	16 Nov 2020 20:22:34

US3242314

Folder: SAE USA-US067-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:47:35

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:19:19
Reviewed for Safety.	(b) (4), (b) (6)	16 Nov 2020 20:23:05
User entered 'No (N)'	System	16 Nov 2020 20:22:34

US3242314

Folder: SAE USA-US067-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:47:35

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:19:19
Reviewed for Safety.	(b) (4), (b) (6)	16 Nov 2020 20:23:05
User entered 'No (N)'	System	16 Nov 2020 20:22:34

US3242314

Folder: SAE USA-US067-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:47:35

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:19:19
Reviewed for Safety.	(b) (4), (b) (6)	16 Nov 2020 20:23:05
User entered 'No (N)'	System	16 Nov 2020 20:22:34

US3242314

Folder: SAE USA-US067-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:47:35

[Other medically important event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:19:19
Reviewed for Safety.	(b) (4), (b) (6)	16 Nov 2020 20:23:05
User entered 'No (N)'	System	16 Nov 2020 20:22:34

US3242314

Folder: SAE USA-US067-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:47:35

[Investigator Country](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:19:19
User entered 'US'	System	16 Nov 2020 20:23:38

US3242314

Folder: SAE USA-US067-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:47:35

[E2B Transmit Flag \(Derived/Hidden\)](#)

Audit	User	Time (GMT)
User entered 'I'	System	16 Nov 2020 20:23:38

US3242314

Folder: SAE USA-US067-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:47:35

[SAEID](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:19:19
Reviewed for Safety.	(b) (4), (b) (6)	16 Nov 2020 20:23:05
User entered 'USA-US067-2020-MRNA-1273-P301000012'	System	16 Nov 2020 20:22:34

US3242314

Folder: SAE USA-US067-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:47:35

Serious

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:19:19
Reviewed for Safety.	(b) (4), (b) (6)	16 Nov 2020 20:23:05
User entered 'Yes (Y)'	System	16 Nov 2020 20:22:34

US3242314

Folder: SAE USA-US067-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:47:35

[Death](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:19:19
Reviewed for Safety.	(b) (4), (b) (6)	16 Nov 2020 20:23:05
User entered 'No (N)'	System	16 Nov 2020 20:22:34

US3242314

Folder: SAE USA-US067-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:47:35

[Life threatening](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:19:19
Reviewed for Safety.	(b) (4), (b) (6)	16 Nov 2020 20:23:05
User entered 'Yes (Y)'	System	16 Nov 2020 20:22:34

US3242314

Folder: SAE USA-US067-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:47:35

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:19:19
Reviewed for Safety.	(b) (4), (b) (6)	16 Nov 2020 20:23:05
User entered 'No (N)'	System	16 Nov 2020 20:22:34

US3242314

Folder: SAE USA-US067-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:47:35

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:19:19
Reviewed for Safety.	(b) (4), (b) (6)	16 Nov 2020 20:23:05
User entered 'No (N)'	System	16 Nov 2020 20:22:34

US3242314

Folder: SAE USA-US067-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:47:35

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:19:19
Reviewed for Safety.	(b) (4), (b) (6)	16 Nov 2020 20:23:05
User entered 'No (N)'	System	16 Nov 2020 20:22:34

US3242314

Folder: SAE USA-US067-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:47:35

[Other medically important event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:19:19
Reviewed for Safety.	(b) (4), (b) (6)	16 Nov 2020 20:23:05
User entered 'No (N)'	System	16 Nov 2020 20:22:34

US3242314

Folder: SAE USA-US067-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:47:35

[Investigator Country](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:19:19
User entered 'US'	System	16 Nov 2020 20:23:38

US3242314

Folder: SAE USA-US067-2020-MRNA-1273-P301000012

Form: Safety Report Form

Generated On: 26 Nov 2020 10:47:35

[E2B Transmit Flag \(Derived/Hidden\)](#)

Audit	User	Time (GMT)
User entered 'I'	System	16 Nov 2020 20:23:38

US3242314

Folder: SAE USA-US067-2020-MRNA-1273-P301000012

Form: Safety Report Form (1)

Generated On: 26 Nov 2020 10:47:35

[Date of submission \(Pre-filled from custom function\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:19:19
User entered '16/Nov/2020 20:23'	System	16 Nov 2020 20:23:38

US3242314

Folder: SAE USA-US067-2020-MRNA-1273-P301000012

Form: Safety Report Form (1)

Generated On: 26 Nov 2020 10:47:35

Check box to submit initial and significant follow-up concerning this SAE. By checking this box I hereby confirm all relevant data has been entered and reviewed to the best of my knowledge.

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 17:19:19
User entered 'I'	(b) (4), (b) (6)	16 Nov 2020 20:23:38