

US3252119 (Prod: Centex Studies Inc)

Generated By: (b) (6)

Generated On: 26 Nov 2020 10:49:52

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US3252119

Form: Participant Creation

Generated On: 26 Nov 2020 10:49:52

[Participant ID](#)

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

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Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 10:49:52

Was this visit performed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Visit date (dd MMM yyyy)	11 AUG 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

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Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:49:52

Date of Birth (MMM yyyy)	(b) (6) 1963
Age	57
Age Units	YEARS
Age (Derived)	57
Sex	Female <input type="radio"/> Male <input checked="" type="radio"/>
Ethnicity	Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <input 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

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Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:49:52

Date of Informed Consent (<i>dd MMM yyyy</i>)	11 AUG 2020
Month and Year of Informed Consent (derived)	AUG 2020
Year of Informed Consent (derived)	2020
Protocol Version	Amendment 1 <input type="radio"/>
	Amendment 2 <input checked="" type="radio"/>
	Amendment 3 <input 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

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Folder: Screening

Form: Inclusion/Exclusion Criteria Summary

Generated On: 26 Nov 2020 10:49:52

Did the participant meet all eligibility criteria?

Yes ☒

No ☐

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Folder: Screening

Form: Medical History Summary

Generated On: 26 Nov 2020 10:49:52

[Were any significant conditions reported?](#)

Yes ☒

No ☐

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Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:49:52

Condition	TYPE II DIABETES
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)	

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Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:49:52

Condition	HYPERLIPIDEMIA
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)	

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Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:49:52

Condition	HYPERTENSION
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)	

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Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:49:52

Condition	LEFT FOOT INFECTION
Start date (dd MMM yyyy)	UN APR 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)	APR 2020
Start Year (derived)	2020
Stop Month and Year (derived)	
Stop Year (derived)	

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Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:49:52

Condition	REMOVAL OF FIFTH LEFT TOE
Start date (dd MMM yyyy)	UN NOV 2016
Start date completely unknown	False
Condition ongoing at study entry	Yes <input type="radio"/> No <input checked="" type="radio"/>
If No, please specify the stop date (dd MMM yyyy)	UN NOV 2016
Stop date completely unknown	False
Start Month and Year (derived)	NOV 2016
Start Year (derived)	2016
Stop Month and Year (derived)	NOV 2016
Stop Year (derived)	2016

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Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:49:52

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

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Folder: Screening

Form: Medical History (7)

Generated On: 26 Nov 2020 10:49:52

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

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Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

Were vital signs assessed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Date of assessment (<i>dd MMM yyyy</i>)	11 AUG 2020
Time of assessment (<i>00:00-23:59</i>)	11:32 (24 HR)
Vital Signs Date and Time (derived)	11 AUG 2020 11:32
Height (<i>xxx.x</i>)	71.3 in
Weight (<i>xxx.x</i>)	313 lb
BMI (<i>xxx.x</i>)	43.37856 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)	

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Folder: Screening

Form: Physical Examination

Generated On: 26 Nov 2020 10:49:52

Was the physical examination performed?

Yes ☒

No ☐

Date of examination (dd MMM yyyy)

11 AUG 2020

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

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Folder: Screening

Form: Risk of Exposure

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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

GM (b) (6)

Location and Living Circumstances Risk (check all that apply)

No Risk Identified False

Resides in Nursing Home or Assisted Living Facility False

Resides in Multi-family dwelling (e.g., cohabitation in dwelling with > 5 people, includes grandparents living with children < 18yrs) False

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Folder: Screening

Form: Risk of Exposure

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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	

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Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 10:49:52

Was this visit performed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Visit date (dd MMM yyyy)	11 AUG 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

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Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:49:52

What was the date of randomization? (dd MMM yyyy) 11 AUG 2020

What was the participant's randomization number? 143657

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 ☒

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Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:49:52

Height	ND - Not Done
Weight	ND - Not Done

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Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:49:52

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)	11 AUG 2020
Time of assessment (00:00-23:59)	11:32 (24 HR)
Vital Signs Date and Time (derived)	11 AUG 2020 11:32
Temperature (xxx.x)	98.2 F
Route of measurement	Oral <input checked="" type="radio"/> Axillary <input type="radio"/> Other <input type="radio"/>
If Other, specify	
Pulse (xxx)	81 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)	90 mmHg
Diastolic Blood Pressure units	MMHG

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Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:49:52

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)	11 AUG 2020
Time of assessment (00:00-23:59)	13:12 (24 HR)
Vital Signs Date and Time (derived)	11 AUG 2020 13:12
Temperature (xxx.x)	97.6 F
Route of measurement	Oral <input checked="" type="radio"/> Axillary <input type="radio"/> Other <input type="radio"/>
If Other, specify	
Pulse (xxx)	77 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	130 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	84 mmHg
Diastolic Blood Pressure units	MMHG

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Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 10:49:52

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.

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Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:49:52

Was study treatment given? Yes ☒ No ☐

If No, reason not given

Participant declined due to Adverse Event ☐

Physician withheld dose due to Adverse Event ☐

Death ☐

Lost To Follow-Up ☐

Physician Decision ☐

Pregnancy ☐

Protocol Deviation ☐

Study Terminated by Sponsor ☐

Withdrawal of Consent by Participant ☐

Confirmed COVID-19 ☐

Other ☐

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) 11 AUG 2020

What was the treatment time? (00:00-23:59) 12:25 (24 HR)

Treatment Date and Time (derived) 11 AUG 2020 12:25

Which arm was used to give treatment? Left Arm ☒ Right Arm ☐

What was the frequency of the study treatment dosing? ONCE

What was the route of administration for the study treatment? INTRAMUSCULAR

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Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:49:52

Was the sample collected?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Collection date (<i>dd MMM yyyy</i>)	11 AUG 2020
Collection time (<i>00:00-23:59</i>)	12:00 (24 HR)
Collection date and time (derived)	11 AUG 2020 12:00

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Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 10:49:52

Collection date (<i>dd MMM yyyy</i>)			11 AUG 2020
Lab Test	Was the sample collected?	Collection time (<i>00:00 - 23:59</i>)	Collection date and time (derived)
Nasopharyngeal Swab 1	Yes	11:49	11 AUG 2020 11:49
Nasopharyngeal Swab 2	No		

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Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 10:49:52

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

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Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

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

97.6 °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 11 AUG 2020 13:02

PC Open Date & Time 11 AUG 2020 12:45

PC Close Date & Time 11 AUG 2020 15:15

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Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

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**

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

To **PREVENT** pain or fever from occurring

PC Time Stamp

PC Open Date & Time 11 AUG 2020 16:10

PC Close Date & Time 12 AUG 2020 11:59

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Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:49:52

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

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 AUG 2020 09:37

PC Open Date & Time

12 AUG 2020 12:00

PC Close Date & Time

13 AUG 2020 11:59

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Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:49:52

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

96.1 °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 AUG 2020 07:55

PC Open Date & Time

13 AUG 2020 12:00

PC Close Date & Time

14 AUG 2020 11:59

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Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:49:52

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

96.6 °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

15 AUG 2020 10:30

PC Open Date & Time

14 AUG 2020 12:00

PC Close Date & Time

15 AUG 2020 11:59

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Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:49:52

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

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

16 AUG 2020 06:03

PC Open Date & Time

15 AUG 2020 12:00

PC Close Date & Time

16 AUG 2020 11:59

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:49:52

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

96.2 °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

16 AUG 2020 21:42

PC Open Date & Time

16 AUG 2020 12:00

PC Close Date & Time

17 AUG 2020 11:59

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:49:52

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

97.1 °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

18 AUG 2020 07:33

PC Open Date & Time

17 AUG 2020 12:00

PC Close Date & Time

18 AUG 2020 11:59

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

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

11 AUG 2020 13:02

PC Open Date & Time

11 AUG 2020 12:45

PC Close Date & Time

11 AUG 2020 15:15

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

DAY 1, AFTER VACCINATION
(AT HOME)

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 ☐

Please record - **REDNESS AT INJECTION SITE (in mm)**

Measure the largest size across any injection site redness with the
ruler provided.

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

Yes ☐

No ☐

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

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

PC Open Date & Time

11 AUG 2020 16:10

PC Close Date & Time

12 AUG 2020 11:59

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:49:52

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

13 AUG 2020 09:37

PC Open Date & Time

12 AUG 2020 12:00

PC Close Date & Time

13 AUG 2020 11:59

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:49:52

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

14 AUG 2020 07:55

PC Open Date & Time

13 AUG 2020 12:00

PC Close Date & Time

14 AUG 2020 11:59

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:49:52

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

15 AUG 2020 10:30

PC Open Date & Time

14 AUG 2020 12:00

PC Close Date & Time

15 AUG 2020 11:59

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:49:52

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

16 AUG 2020 06:03

PC Open Date & Time

15 AUG 2020 12:00

PC Close Date & Time

16 AUG 2020 11:59

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:49:52

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

16 AUG 2020 21:42

PC Open Date & Time

16 AUG 2020 12:00

PC Close Date & Time

17 AUG 2020 11:59

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:49:52

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

18 AUG 2020 07:34

PC Open Date & Time

17 AUG 2020 12:00

PC Close Date & Time

18 AUG 2020 11:59

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

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 ☐

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

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

No ☒

Yes ☐

PC Time stamp	11 AUG 2020 13:03
PC Open Date & Time	11 AUG 2020 12:45
PC Close Date & Time	11 AUG 2020 15:15

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

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 ☐

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

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

No ☐

Yes ☐

PC Time stamp

PC Open Date & Time

11 AUG 2020 16:10

PC Close Date & Time

12 AUG 2020 11:59

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:49:52

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 ☒

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:49:52

Yes <input type="checkbox"/>	
PC Time stamp	13 AUG 2020 09:38
PC Open Date & Time	12 AUG 2020 12:00
PC Close Date & Time	13 AUG 2020 11:59

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:49:52

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 ☒

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:49:52

Yes <input type="checkbox"/>	
PC Time stamp	14 AUG 2020 07:56
PC Open Date & Time	13 AUG 2020 12:00
PC Close Date & Time	14 AUG 2020 11:59

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:49:52

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 ☒

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:49:52

Yes <input type="checkbox"/>	
PC Time stamp	15 AUG 2020 10:31
PC Open Date & Time	14 AUG 2020 12:00
PC Close Date & Time	15 AUG 2020 11:59

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:49:52

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 ☒

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:49:52

Yes <input type="checkbox"/>	
PC Time stamp	16 AUG 2020 06:04
PC Open Date & Time	15 AUG 2020 12:00
PC Close Date & Time	16 AUG 2020 11:59

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:49:52

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 ☒

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:49:52

Yes <input type="checkbox"/>	
PC Time stamp	16 AUG 2020 21:43
PC Open Date & Time	16 AUG 2020 12:00
PC Close Date & Time	17 AUG 2020 11:59

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:49:52

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 ☒

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:49:52

Yes <input type="checkbox"/>	
PC Time stamp	18 AUG 2020 07:34
PC Open Date & Time	17 AUG 2020 12:00
PC Close Date & Time	18 AUG 2020 11:59

US3252119

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

Was Contact Attempted?

Yes ☒

No ☐

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

19 AUG 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3252119

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:49:52

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3252119

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

Was Contact Attempted?

Yes ☒

No ☐

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

25 AUG 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3252119

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:49:52

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3252119

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

Was Contact Attempted?

Yes ☒

No ☐

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

01 SEP 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3252119

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:49:52

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3252119

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:49:52

Was this visit performed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Visit date (dd MMM yyyy)	8 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	VISIT2

US3252119

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:49:52

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)	8 SEP 2020
Time of assessment (00:00-23:59)	13:32 (24 HR)
Vital Signs Date and Time (derived)	8 SEP 2020 13:32
Temperature (xxx.x)	97.8 F
Route of measurement	Oral <input checked="" type="radio"/>
	Axillary <input type="radio"/>
	Other <input type="radio"/>
If Other, specify	
Pulse (xxx)	87 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	15 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	115 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	80 mmHg
Diastolic Blood Pressure units	MMHG

US3252119

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:49:52

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)	8 SEP 2020
Time of assessment (00:00-23:59)	15:18 (24 HR)
Vital Signs Date and Time (derived)	8 SEP 2020 15:18
Temperature (xxx.x)	97.8 F
Route of measurement	Oral <input checked="" type="radio"/>
	Axillary <input type="radio"/>
	Other <input type="radio"/>
If Other, specify	
Pulse (xxx)	82 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	15 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	110 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	72 mmHg
Diastolic Blood Pressure units	MMHG

US3252119

Folder: Visit 2 Day 29 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:49:52

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.

US3252119

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:49:52

Was study treatment given? Yes ☒ No ☐

If No, reason not given

Participant declined due to Adverse Event ☐

Physician withheld dose due to Adverse Event ☐

Death ☐

Lost To Follow-Up ☐

Physician Decision ☐

Pregnancy ☐

Protocol Deviation ☐

Study Terminated by Sponsor ☐

Withdrawal of Consent by Participant ☐

Confirmed COVID-19 ☐

Other ☐

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) 8 SEP 2020

What was the treatment time? (00:00-23:59) 14:41 (24 HR)

Treatment Date and Time (derived) 8 SEP 2020 14:41

Which arm was used to give treatment? Left Arm ☒ Right Arm ☐

What was the frequency of the study treatment dosing? ONCE

What was the route of administration for the study treatment? INTRAMUSCULAR

US3252119

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:49:52

Was the sample collected?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Collection date (<i>dd MMM yyyy</i>)	8 SEP 2020
Collection time (<i>00:00-23:59</i>)	14:15 (24 HR)
Collection date and time (derived)	8 SEP 2020 14:15

US3252119

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 10:49:52

Collection date (<i>dd MMM yyyy</i>)			8 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	13:41	8 SEP 2020 13:41
Nasopharyngeal Swab 2	No		

US3252119

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:49:52

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

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

97.8 °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

08 SEP 2020 15:21

PC Open Date & Time

08 SEP 2020 15:01

PC Close Date & Time

08 SEP 2020 17:31

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

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	08 SEP 2020 20:11
PC Open Date & Time	08 SEP 2020 18:26
PC Close Date & Time	09 SEP 2020 11:59

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:49:52

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

97.3 °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 SEP 2020 21:23

PC Open Date & Time

09 SEP 2020 12:00

PC Close Date & Time

10 SEP 2020 11:59

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:49:52

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

10 SEP 2020 22:51

PC Open Date & Time

10 SEP 2020 12:00

PC Close Date & Time

11 SEP 2020 11:59

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:49:52

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**

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

To **PREVENT** pain or fever from occurring

PC Time Stamp

PC Open Date & Time 11 SEP 2020 12:00

PC Close Date & Time 12 SEP 2020 11:59

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:49:52

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**

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

To **PREVENT** pain or fever from occurring

PC Time Stamp

PC Open Date & Time 12 SEP 2020 12:00

PC Close Date & Time 13 SEP 2020 11:59

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:49:52

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

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

14 SEP 2020 07:12

PC Open Date & Time

13 SEP 2020 12:00

PC Close Date & Time

14 SEP 2020 11:59

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:49:52

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

96.7 °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

14 SEP 2020 20:34

PC Open Date & Time

14 SEP 2020 12:00

PC Close Date & Time

15 SEP 2020 11:59

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

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

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

08 SEP 2020 15:22

PC Open Date & Time

08 SEP 2020 15:01

PC Close Date & Time

08 SEP 2020 17:31

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

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

08 SEP 2020 20:11

PC Open Date & Time

08 SEP 2020 18:26

PC Close Date & Time

09 SEP 2020 11:59

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:49:52

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

09 SEP 2020 21:24

PC Open Date & Time

09 SEP 2020 12:00

PC Close Date & Time

10 SEP 2020 11:59

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:49:52

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

10 SEP 2020 22:51

PC Open Date & Time

10 SEP 2020 12:00

PC Close Date & Time

11 SEP 2020 11:59

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:49:52

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 ☐

Please record - **REDNESS AT INJECTION SITE (in mm)**

Measure the largest size across any injection site redness with the
ruler provided.

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

Yes ☐

No ☐

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

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

PC Open Date & Time

11 SEP 2020 12:00

PC Close Date & Time

12 SEP 2020 11:59

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:49:52

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 ☐

Please record - **REDNESS AT INJECTION SITE (in mm)**

Measure the largest size across any injection site redness with the
ruler provided.

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

Yes ☐

No ☐

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

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

PC Open Date & Time

12 SEP 2020 12:00

PC Close Date & Time

13 SEP 2020 11:59

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:49:52

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

14 SEP 2020 07:12

PC Open Date & Time

13 SEP 2020 12:00

PC Close Date & Time

14 SEP 2020 11:59

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:49:52

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

14 SEP 2020 20:34

PC Open Date & Time

14 SEP 2020 12:00

PC Close Date & Time

15 SEP 2020 11:59

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

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 ☐

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

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

No ☒

Yes ☐

PC Time stamp	08 SEP 2020 15:22
PC Open Date & Time	08 SEP 2020 15:01
PC Close Date & Time	08 SEP 2020 17:31

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

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 ☐

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

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

No ☒

Yes ☐

PC Time stamp	08 SEP 2020 20:12
PC Open Date & Time	08 SEP 2020 18:26
PC Close Date & Time	09 SEP 2020 11:59

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:49:52

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 ☒

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:49:52

Yes <input type="checkbox"/>	
PC Time stamp	09 SEP 2020 21:24
PC Open Date & Time	09 SEP 2020 12:00
PC Close Date & Time	10 SEP 2020 11:59

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:49:52

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 ☒

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:49:52

Yes <input type="checkbox"/>	
PC Time stamp	10 SEP 2020 22:52
PC Open Date & Time	10 SEP 2020 12:00
PC Close Date & Time	11 SEP 2020 11:59

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:49:52

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 ☐

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:49:52

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

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:49:52

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 ☐

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:49:52

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

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:49:52

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 ☒

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:49:52

Yes <input type="checkbox"/>	
PC Time stamp	14 SEP 2020 07:13
PC Open Date & Time	13 SEP 2020 12:00
PC Close Date & Time	14 SEP 2020 11:59

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:49:52

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 ☒

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:49:52

Yes <input type="checkbox"/>	
PC Time stamp	14 SEP 2020 20:35
PC Open Date & Time	14 SEP 2020 12:00
PC Close Date & Time	15 SEP 2020 11:59

US3252119

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

Was Contact Attempted?

Yes ☒

No ☐

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

15 SEP 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3252119

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:49:52

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3252119

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

Was Contact Attempted?

Yes ☒

No ☐

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

24 SEP 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3252119

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:49:52

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3252119

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

Was Contact Attempted?

Yes ☒

No ☐

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

29 SEP 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3252119

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:49:52

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3252119

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:49:52

Was this visit performed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Visit date (dd MMM yyyy)	7 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	VISIT3

US3252119

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

Were vital signs assessed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Date of assessment (<i>dd MMM yyyy</i>)	7 OCT 2020
Time of assessment (<i>00:00-23:59</i>)	9:37 (24 HR)
Vital Signs Date and Time (derived)	7 OCT 2020 9:37
Temperature (<i>xxx.x</i>)	98.2 F
Route of measurement	Oral <input checked="" type="radio"/>
	Axillary <input type="radio"/>
	Other <input type="radio"/>
If Other, specify	
Pulse (<i>xxx</i>)	94 beats/min
Pulse units	BPM
Respiratory Rate (<i>xxx</i>)	15 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (<i>xxx</i>)	116 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (<i>xxx</i>)	80 mmHg
Diastolic Blood Pressure units	MMHG
Height (derived)	
Weight (derived)	

US3252119

Folder: Visit 3 Day 57 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:49:52

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.

US3252119

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:49:52

Was the sample collected?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Collection date (<i>dd MMM yyyy</i>)	7 OCT 2020
Collection time (<i>00:00-23:59</i>)	9:45 (24 HR)
Collection date and time (derived)	7 OCT 2020 9:45

US3252119

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:49:52

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 checked="" 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 checked="" 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 checked="" type="radio"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Date and time of submission	14 OCT 2020 08:31:06
Patient Cloud Open Date & Time	11 OCT 2020 00:01
Patient Cloud Close Date & Time	15 OCT 2020 23:59

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 <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 type="radio"/> Yes <input checked="" 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 checked="" type="radio"/>
Date and time of submission	20 OCT 2020 11:21:10
Patient Cloud Open Date & Time	18 OCT 2020 00:01
Patient Cloud Close Date & Time	22 OCT 2020 23:59

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT	DAY 78
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 type="radio"/> Yes <input checked="" 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 checked="" type="radio"/>
Date and time of submission	25 OCT 2020 09:46:02
Patient Cloud Open Date & Time	25 OCT 2020 00:01
Patient Cloud Close Date & Time	29 OCT 2020 23:59

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

DAY 92

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

08 NOV 2020 05:18:04

Patient Cloud Open Date & Time

08 NOV 2020 00:01

Patient Cloud Close Date & Time

12 NOV 2020 23:59

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT	DAY 99
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 checked="" 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 checked="" type="radio"/> Yes <input type="radio"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Date and time of submission	17 NOV 2020 09:23:33
Patient Cloud Open Date & Time	15 NOV 2020 00:01
Patient Cloud Close Date & Time	19 NOV 2020 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

08 OCT 2020 00:01

[Patient Cloud Close Date & Time](#)

12 OCT 2020 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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="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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

15 OCT 2020 00:01

[Patient Cloud Close Date & Time](#)

19 OCT 2020 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 <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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

22 OCT 2020 00:01

[Patient Cloud Close Date & Time](#)

26 OCT 2020 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

29 OCT 2020 00:01

[Patient Cloud Close Date & Time](#)

02 NOV 2020 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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="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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

05 NOV 2020 00:01

[Patient Cloud Close Date & Time](#)

09 NOV 2020 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	12 NOV 2020 00:01
Patient Cloud Close Date & Time	16 NOV 2020 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☒

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

21 NOV 2020 21:46:55

Patient Cloud Open Date & Time

19 NOV 2020 00:01

Patient Cloud Close Date & Time

23 NOV 2020 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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="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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

26 NOV 2020 00:01

[Patient Cloud Close Date & Time](#)

30 NOV 2020 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	03 DEC 2020 00:01
Patient Cloud Close Date & Time	07 DEC 2020 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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="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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	10 DEC 2020 00:01
Patient Cloud Close Date & Time	14 DEC 2020 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	17 DEC 2020 00:01
Patient Cloud Close Date & Time	21 DEC 2020 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	24 DEC 2020 00:01
Patient Cloud Close Date & Time	28 DEC 2020 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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="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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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 DEC 2020 00:01

[Patient Cloud Close Date & Time](#)

04 JAN 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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 JAN 2021 00:01

[Patient Cloud Close Date & Time](#)

11 JAN 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐ 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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	14 JAN 2021 00:01
Patient Cloud Close Date & Time	18 JAN 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	21 JAN 2021 00:01
Patient Cloud Close Date & Time	25 JAN 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

28 JAN 2021 00:01

[Patient Cloud Close Date & Time](#)

01 FEB 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

04 FEB 2021 00:01

[Patient Cloud Close Date & Time](#)

08 FEB 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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="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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

11 FEB 2021 00:01

[Patient Cloud Close Date & Time](#)

15 FEB 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	18 FEB 2021 00:01
Patient Cloud Close Date & Time	22 FEB 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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 FEB 2021 00:01

[Patient Cloud Close Date & Time](#)

01 MAR 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐
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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

04 MAR 2021 00:01

[Patient Cloud Close Date & Time](#)

08 MAR 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐
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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	11 MAR 2021 00:01
Patient Cloud Close Date & Time	15 MAR 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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 MAR 2021 00:01

[Patient Cloud Close Date & Time](#)

22 MAR 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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="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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	25 MAR 2021 00:01
Patient Cloud Close Date & Time	29 MAR 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

01 APR 2021 00:01

[Patient Cloud Close Date & Time](#)

05 APR 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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="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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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 APR 2021 00:01

[Patient Cloud Close Date & Time](#)

12 APR 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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="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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	15 APR 2021 00:01
Patient Cloud Close Date & Time	19 APR 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐
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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

22 APR 2021 00:01

[Patient Cloud Close Date & Time](#)

26 APR 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

29 APR 2021 00:01

[Patient Cloud Close Date & Time](#)

03 MAY 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐
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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

06 MAY 2021 00:01

[Patient Cloud Close Date & Time](#)

10 MAY 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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 MAY 2021 00:01

[Patient Cloud Close Date & Time](#)

17 MAY 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐
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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	20 MAY 2021 00:01
Patient Cloud Close Date & Time	24 MAY 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 <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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

27 MAY 2021 00:01

[Patient Cloud Close Date & Time](#)

31 MAY 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 <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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

07 JUN 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

10 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

14 JUN 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

17 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

21 JUN 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

28 JUN 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

01 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

05 JUL 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐
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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

08 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

12 JUL 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

15 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

19 JUL 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

22 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

26 JUL 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

29 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

02 AUG 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐
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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
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Patient Cloud Open Date & Time	05 AUG 2021 00:01
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Patient Cloud Close Date & Time	09 AUG 2021 23:59
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US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

12 AUG 2021 00:01

[Patient Cloud Close Date & Time](#)

16 AUG 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

19 AUG 2021 00:01

[Patient Cloud Close Date & Time](#)

23 AUG 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

Patient Cloud Open Date & Time	26 AUG 2021 00:01
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Patient Cloud Close Date & Time	30 AUG 2021 23:59
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US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

02 SEP 2021 00:01

[Patient Cloud Close Date & Time](#)

06 SEP 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

09 SEP 2021 00:01

[Patient Cloud Close Date & Time](#)

13 SEP 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

16 SEP 2021 00:01

[Patient Cloud Close Date & Time](#)

20 SEP 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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="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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

23 SEP 2021 00:01

[Patient Cloud Close Date & Time](#)

27 SEP 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐ 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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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 SEP 2021 00:01

[Patient Cloud Close Date & Time](#)

04 OCT 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐
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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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 OCT 2021 00:01

[Patient Cloud Close Date & Time](#)

11 OCT 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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="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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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 OCT 2021 00:01

[Patient Cloud Close Date & Time](#)

18 OCT 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐
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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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 OCT 2021 00:01

[Patient Cloud Close Date & Time](#)

25 OCT 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

28 OCT 2021 00:01

[Patient Cloud Close Date & Time](#)

01 NOV 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	04 NOV 2021 00:01
Patient Cloud Close Date & Time	08 NOV 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	11 NOV 2021 00:01
Patient Cloud Close Date & Time	15 NOV 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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 NOV 2021 00:01

[Patient Cloud Close Date & Time](#)

22 NOV 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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 NOV 2021 00:01

[Patient Cloud Close Date & Time](#)

29 NOV 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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="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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	02 DEC 2021 00:01
Patient Cloud Close Date & Time	06 DEC 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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 DEC 2021 00:01

[Patient Cloud Close Date & Time](#)

13 DEC 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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 DEC 2021 00:01

[Patient Cloud Close Date & Time](#)

20 DEC 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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 DEC 2021 00:01

[Patient Cloud Close Date & Time](#)

27 DEC 2021 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 <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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	30 DEC 2021 00:01
Patient Cloud Close Date & Time	03 JAN 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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 JAN 2022 00:01

[Patient Cloud Close Date & Time](#)

10 JAN 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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 JAN 2022 00:01

[Patient Cloud Close Date & Time](#)

17 JAN 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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="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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	20 JAN 2022 00:01
Patient Cloud Close Date & Time	24 JAN 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	27 JAN 2022 00:01
Patient Cloud Close Date & Time	31 JAN 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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 FEB 2022 00:01

[Patient Cloud Close Date & Time](#)

07 FEB 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

10 FEB 2022 00:01

[Patient Cloud Close Date & Time](#)

14 FEB 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	17 FEB 2022 00:01
Patient Cloud Close Date & Time	21 FEB 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	24 FEB 2022 00:01
Patient Cloud Close Date & Time	28 FEB 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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 MAR 2022 00:01

[Patient Cloud Close Date & Time](#)

07 MAR 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

10 MAR 2022 00:01

[Patient Cloud Close Date & Time](#)

14 MAR 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

17 MAR 2022 00:01

[Patient Cloud Close Date & Time](#)

21 MAR 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

24 MAR 2022 00:01

[Patient Cloud Close Date & Time](#)

28 MAR 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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="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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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 MAR 2022 00:01

[Patient Cloud Close Date & Time](#)

04 APR 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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 APR 2022 00:01

[Patient Cloud Close Date & Time](#)

11 APR 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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="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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	14 APR 2022 00:01
Patient Cloud Close Date & Time	18 APR 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	21 APR 2022 00:01
Patient Cloud Close Date & Time	25 APR 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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="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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

28 APR 2022 00:01

[Patient Cloud Close Date & Time](#)

02 MAY 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

05 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

09 MAY 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐
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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

12 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

16 MAY 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

19 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

23 MAY 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐
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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

26 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

30 MAY 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐
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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

02 JUN 2022 00:01

[Patient Cloud Close Date & Time](#)

06 JUN 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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 JUN 2022 00:01

[Patient Cloud Close Date & Time](#)

13 JUN 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 <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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	16 JUN 2022 00:01
Patient Cloud Close Date & Time	20 JUN 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐
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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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 JUN 2022 00:01

[Patient Cloud Close Date & Time](#)

27 JUN 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

30 JUN 2022 00:01

[Patient Cloud Close Date & Time](#)

04 JUL 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 <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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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 JUL 2022 00:01

[Patient Cloud Close Date & Time](#)

11 JUL 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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="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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	14 JUL 2022 00:01
Patient Cloud Close Date & Time	18 JUL 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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="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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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 JUL 2022 00:01

[Patient Cloud Close Date & Time](#)

25 JUL 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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="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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

28 JUL 2022 00:01

[Patient Cloud Close Date & Time](#)

01 AUG 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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="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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

04 AUG 2022 00:01

[Patient Cloud Close Date & Time](#)

08 AUG 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 <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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

11 AUG 2022 00:01

[Patient Cloud Close Date & Time](#)

15 AUG 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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="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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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 AUG 2022 00:01

[Patient Cloud Close Date & Time](#)

22 AUG 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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="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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	25 AUG 2022 00:01
Patient Cloud Close Date & Time	29 AUG 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 <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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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 SEP 2022 00:01

[Patient Cloud Close Date & Time](#)

05 SEP 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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="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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	08 SEP 2022 00:01
Patient Cloud Close Date & Time	12 SEP 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐
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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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](#)

15 SEP 2022 00:01

[Patient Cloud Close Date & Time](#)

19 SEP 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 ☐
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 ☐

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission

[Patient Cloud Open Date & Time](#)

22 SEP 2022 00:01

[Patient Cloud Close Date & Time](#)

26 SEP 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	29 SEP 2022 00:01
Patient Cloud Close Date & Time	03 OCT 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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"/>
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Date and time of submission	
Patient Cloud Open Date & Time	06 OCT 2022 00:01
Patient Cloud Close Date & Time	10 OCT 2022 23:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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="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"/>

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

Please contact your study clinic immediately. Click below to confirm that you have read this 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 OCT 2022 00:01
Patient Cloud Close Date & Time	17 OCT 2022 23:59

US3252119

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

Was Contact Attempted?

Yes ☒

No ☐

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

3 NOV 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3252119

Folder: Safety Call Day 85 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:49:52

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3252119

Folder: Safety Call Day 119 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

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

US3252119

Folder: Safety Call Day 119 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:49:52

Is the participant continuing to the next visit?

Yes ☐

No ☐

Continuing Flag

US3252119

Folder: Covid-19 Assessment (1)

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:49:52

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"/>

US3252119

Folder: Covid-19 Assessment (1)

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:49:52

Generate Next COVID-19 Assessment

Yes ☐

No ☐

US3252119

Folder: Adverse Events

Form: Adverse Events Summary

Generated On: 26 Nov 2020 10:49:52

Did the participant experience any adverse events?

Yes ☒

No ☐

If Yes, enter details on the Adverse Events form.

US3252119

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:49:52

AEID	USA-US108-2020-MRNA-1273-P30 1000006
Adverse event	MYOCARDIAL INFARCTION
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)	14 OCT 2020
Start time (00:00-23:59)	
AE start date and time (derived)	
Ongoing?	Yes <input type="radio"/> No <input checked="" type="radio"/>
If not Ongoing, end date (dd MMM yyyy)	20 OCT 2020
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 type="radio"/> Grade 4 <input checked="" 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	True
Hospital Admission Date (dd MMM yyyy)	14 OCT 2020
Hospital Discharge Date (dd MMM yyyy)	20 OCT 2020
Admitted to ICU?	Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown <input type="radio"/>
Number of Days in ICU	3

v6.020 DTW (1102)

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US3252119

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:49:52

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	True
Concomitant Procedure	True
Outcome	Fatal <input type="radio"/> Not Recovered/Not Resolved <input type="radio"/> Recovered/Resolved <input checked="" 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	PATIENT CALLED US TO NOTIFY US THAT HE SUFFERED A MYOCARDIAL INFARCTION, TREATED WITH MEDICATION AND A REVASCULARIZATION PROCEDURE, WE WILL UPDATE THE CHART WHEN WE RECEIVE THE HOSPITAL DISCHARGE DOCUMENTATION.
Serious Adverse Event Derived (CSA Programming Field Only)	1

v6.020 DTW (1102)

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US3252119

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:49:52

Medically Attended AE Derived (CSA Programming Field Only)	1
Admitted to ICU Derived (CSA Programming Field Only)	1

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination Summary

Generated On: 26 Nov 2020 10:49:52

Were any prior/concomitant medications and/or vaccinations taken?

Yes ☒

No ☐

If Yes, please complete Prior/Concomitant Medication and Vaccination form.

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:49:52

Name of Medication	VICTOZA INJECTION PEN
Prophylaxis	Yes <input type="radio"/> No <input checked="" type="radio"/>
Indication	TYPE II DIABETES
Dose per administration	1.8
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 type="radio"/> Topical <input type="radio"/> Subcutaneous <input checked="" type="radio"/> Transdermal <input type="radio"/> Intraocular <input type="radio"/> Intramuscular <input type="radio"/>

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:49:52

	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 2016
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"/>

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:49:52

Name of Medication	LANTUS
Prophylaxis	Yes <input type="radio"/> No <input checked="" type="radio"/>
Indication	TYPE II DIABETES
Dose per administration	100
Dose unit	mg <input 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 checked="" type="radio"/>
If dose unit is Other, specify	UNITS/ML
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 type="radio"/> Topical <input type="radio"/> Subcutaneous <input checked="" type="radio"/> Transdermal <input type="radio"/> Intraocular <input type="radio"/> Intramuscular <input type="radio"/>

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:49:52

	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 2018	
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"/>

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:49:52

Name of Medication	SIMVASTATIN
Prophylaxis	Yes <input type="radio"/> No <input checked="" type="radio"/>
Indication	HYPERLIPIDEMIA
Dose per administration	20
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"/>

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:49:52

	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 2016
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"/>

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:49:52

Name of Medication	LISINOPRIL
Prophylaxis	Yes <input type="radio"/> No <input checked="" type="radio"/>
Indication	HYPERTENSION
Dose per administration	2.5
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"/>

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:49:52

	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 2016
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"/>

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:49:52

Name of Medication	METRONIDAZOL
Prophylaxis	Yes <input type="radio"/> No <input checked="" type="radio"/>
Indication	LEFT FOOT INFECTION
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"/> Intramuscular <input type="radio"/>

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:49:52

	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 APR 2020	
Start date completely unknown	False	
Ongoing?	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>
If not Ongoing, End date (dd MMM yyyy)	11 AUG 2020	
Was this medication taken for solicited event?	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>
Separate Dosage Number (derived)	2	
Interval Dosage Unit Number (derived)	1	
Interval Dosage Definition (derived)	802	<input type="checkbox"/>
	803	<input type="checkbox"/>
	804	<input checked="" type="checkbox"/>

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:49:52

Name of Medication	CEDINIR
Prophylaxis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Indication	ANTIBIOTICS FOR FOOT INFECTION
Dose per administration	300
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 type="checkbox"/> twice daily <input checked="" 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"/>

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:49:52

	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"/>
If route of administration is Other, specify _____		
Start date (dd MMM yyyy)	04 AUG 2020	
Start date completely unknown	False	
Ongoing?	Yes	<input type="radio"/>
	No	<input checked="" type="radio"/>
If not Ongoing, End date (dd MMM yyyy) 15 SEP 2020		
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"/>

US3252119

Folder: Concomitant Procedures (1)

Form: Concomitant Procedures Summary

Generated On: 26 Nov 2020 10:49:52

Were any concomitant procedures performed?

Yes ☐
No ☒

If yes, please complete Concomitant Procedures form.

US3252119

Folder: Concomitant Procedures (1)

Form: Concomitant Procedures

Generated On: 26 Nov 2020 10:49:52

Procedure/Surgery date (<i>dd MMM</i> <i>yyyy</i>)	Procedure/Surgery	Indication	If indication is Other, specify
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US3252119

Folder: End of Study (1)

Form: Dosing Discontinuation

Generated On: 26 Nov 2020 10:49:52

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

US3252119

Folder: End of Study (1)

Form: End of Study / Study Discontinuation

Generated On: 26 Nov 2020 10:49:52

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 ☐

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

SAEID	USA-US108-2020-MRNA-1273-P301000006
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 checked="" type="radio"/> No <input 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	JOEL
Investigator's Last Name	SOLIS
Site Address: Street	5201 N. 10TH STREET
Site Address: City	MCALLEN
Site Address: State	TX
Site Address: Postal Code	CARMPA
Investigator Country	US
E2B Transmit Flag (Derived/Hidden)	4

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form (1)

Generated On: 26 Nov 2020 10:49:52

SAEID	USA-US108-2020-MRNA-1273-P301000006
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 checked="" type="radio"/> No <input 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	JOEL
Investigator's Last Name	SOLIS
Site Address: Street	5201 N. 10TH STREET
Site Address: City	MCALLEN
Site Address: State	TX
Site Address: Postal Code	CARMPA
Investigator Country	US
E2B Transmit Flag (Derived/Hidden)	4
Date of submission (Pre-filled from custom function)	21/OCT/2020 20:37
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

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form (2)

Generated On: 26 Nov 2020 10:49:52

SAEID	USA-US108-2020-MRNA-1273-P301000006
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 checked="" type="radio"/> No <input 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	JOEL
Investigator's Last Name	SOLIS
Site Address: Street	5201 N. 10TH STREET
Site Address: City	MCALLEN
Site Address: State	TX
Site Address: Postal Code	CARMPA
Investigator Country	US
E2B Transmit Flag (Derived/Hidden)	4
Date of submission (Pre-filled from custom function)	16/NOV/2020 22:14
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.	<input checked="" type="checkbox"/> True

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form (3)

Generated On: 26 Nov 2020 10:49:52

SAEID	USA-US108-2020-MRNA-1273-P301000006
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 checked="" type="radio"/> No <input 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	JOEL
Investigator's Last Name	SOLIS
Site Address: Street	5201 N. 10TH STREET
Site Address: City	MCALLEN
Site Address: State	TX
Site Address: Postal Code	CARMPA
Investigator Country	US
E2B Transmit Flag (Derived/Hidden)	4
Date of submission (Pre-filled from custom function)	18/NOV/2020 13:21
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.	<input checked="" type="checkbox"/> True

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form (4)

Generated On: 26 Nov 2020 10:49:52

SAEID	USA-US108-2020-MRNA-1273-P301000006
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 checked="" type="radio"/> No <input 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	JOEL
Investigator's Last Name	SOLIS
Site Address: Street	5201 N. 10TH STREET
Site Address: City	MCALLEN
Site Address: State	TX
Site Address: Postal Code	CARMPA
Investigator Country	US
E2B Transmit Flag (Derived/Hidden)	4
Date of submission (Pre-filled from custom function)	24/NOV/2020 18:52
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

US3252119 (Prod: Centex Studies Inc)

US3252119

Form: Participant Creation

Generated On: 26 Nov 2020 10:49:52

[Participant ID](#)

Audit	User	Time (GMT)
User entered 'US3252119'	RWS_ENDPOINT ENDPOINT (b) (4) <div></div>	11 Aug 2020 16:44:46

US3252119

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 10:49:52

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Xavier Morales (b) (4) (b) (4)	11 Aug 2020 18:49:36

US3252119

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 10:49:52

[Visit date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered '11 AUG 2020'	RWS_ENDPOINT ENDPOINT (b) (4) [REDACTED]	11 Aug 2020 16:44:47

US3252119

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 10:49:52

Was visit performed at the participant's home or at the clinic?

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	Xavier Morales (b) (4) (b) (4)	11 Aug 2020 18:49:36

US3252119

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 10:49:52

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'SCRN'	System	11 Aug 2020 18:49:36

US3252119

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:49:52

Date of Birth (MMM yyyy)

Audit	User	Time (GMT)
User entered (b) (6) 1963'	RWS_ENDPOINT ENDPOINT (b) (4) [REDACTED]	11 Aug 2020 16:44:48

US3252119

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:49:52

[Age](#)

Audit	User	Time (GMT)
User entered '57'	Xavier Morales (b) (4) (b) (4)	11 Aug 2020 18:49:47

US3252119

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:49:52

[Age Units](#)

Audit	User	Time (GMT)
User entered 'YEARS'	System	11 Aug 2020 18:49:47

US3252119

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:49:52

[Age \(Derived\)](#)

Audit	User	Time (GMT)
User entered '57'	System	11 Aug 2020 18:00:24

US3252119

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:49:52

[Sex](#)

Audit	User	Time (GMT)
User entered 'Male (M)'	Xavier Morales (b) (4) (b) (4)	11 Aug 2020 18:49:47

US3252119

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:49:52

[Ethnicity](#)

Audit	User	Time (GMT)
User entered 'Hispanic or Latino (HISPANIC OR LATINO)'	Xavier Morales (b) (4) (b) (4)	11 Aug 2020 18:49:47

US3252119

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:49:52

[White](#)

Audit	User	Time (GMT)
User entered '1'	Xavier Morales (b) (4) (b) (4)	11 Aug 2020 18:49:47

US3252119

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:49:52

[Black](#)

Audit	User	Time (GMT)
User entered '0'	Xavier Morales (b) (4) (b) (4)	11 Aug 2020 18:49:47

US3252119

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:49:52

[Asian](#)

Audit	User	Time (GMT)
User entered '0'	Xavier Morales (b) (4) (b) (4)	11 Aug 2020 18:49:47

US3252119

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:49:52

[American Indian or Alaska Native](#)

Audit	User	Time (GMT)
User entered '0'	Xavier Morales (b) (4) (b) (4)	11 Aug 2020 18:49:47

US3252119

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:49:52

[Native Hawaiian or other Pacific Islander](#)

Audit	User	Time (GMT)
User entered '0'	Xavier Morales (b) (4) (b) (4)	11 Aug 2020 18:49:47

US3252119

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:49:52

[Other](#)

Audit	User	Time (GMT)
User entered '0'	Xavier Morales (b) (4) (b) (4)	11 Aug 2020 18:49:47

US3252119

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:49:52

If race is Other, specify

Audit	User	Time (GMT)
User entered empty.	Xavier Morales (b) (4) (b) (4)	11 Aug 2020 18:49:47

US3252119

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:49:52

[Unknown](#)

Audit	User	Time (GMT)
User entered '0'	Xavier Morales (b) (4) (b) (4)	11 Aug 2020 18:49:47

US3252119

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:49:52

[Not reported](#)

Audit	User	Time (GMT)
User entered '0'	Xavier Morales (b) (4) (b) (4)	11 Aug 2020 18:49:47

US3252119

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:49:52

Date of Informed Consent (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '11 Aug 2020'	Joanna Gurrola (b) (4) (b) (4)	11 Aug 2020 18:00:24

US3252119

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:49:52

[Month and Year of Informed Consent \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Aug 2020'	System	11 Aug 2020 18:00:24

US3252119

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:49:52

[Year of Informed Consent \(derived\)](#)

Audit	User	Time (GMT)
User entered '2020'	System	11 Aug 2020 18:00:24

US3252119

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:49:52

[Protocol Version](#)

Audit	User	Time (GMT)
User closed query 'Data is required. Please complete.' (Site from System).	System	11 Aug 2020 18:49:55
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	11 Aug 2020 18:49:55
User entered 'Amendment 2 (2)' reason for change: Data Entry Error	Xavier Morales (b) (4) (b) (4)	11 Aug 2020 18:49:55
User opened query 'Data is required. Please complete.' (Site from System).	System	11 Aug 2020 18:00:24
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	11 Aug 2020 18:00:24

US3252119

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:49:52

[Was participant enrolled in the study?](#)

Audit	User	Time (GMT)
User closed query 'Data is required. Please complete.' (Site from System).	System	11 Aug 2020 18:00:32
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	11 Aug 2020 18:00:32
User entered 'Yes (Y)' reason for change: Data Entry Error	Joanna Gurrola (b) (4) (b) (4)	11 Aug 2020 18:00:32
User opened query 'Data is required. Please complete.' (Site from System).	System	11 Aug 2020 18:00:24
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	11 Aug 2020 18:00:24

US3252119

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:49:52

If No, indicate reason for screen fail

Audit	User	Time (GMT)
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	11 Aug 2020 18:00:24

US3252119

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:49:52

If reason for screen fail is Other, specify

Audit	User	Time (GMT)
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	11 Aug 2020 18:00:24

US3252119

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:49:52

[Was this participant screened previously?](#)

Audit	User	Time (GMT)
User closed query 'Data is required. Please complete.' (Site from System).	System	11 Aug 2020 18:49:55
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	11 Aug 2020 18:49:55
User entered 'No (N)' reason for change: Data Entry Error	Xavier Morales (b) (4) (b) (4)	11 Aug 2020 18:49:55
User opened query 'Data is required. Please complete.' (Site from System).	System	11 Aug 2020 18:00:24
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	11 Aug 2020 18:00:24

US3252119

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:49:52

[If Yes, previous participant number](#)

Audit	User	Time (GMT)
User entered empty.	RWS_ENDPOINT ENDPOINT (b) (4) [REDACTED]	11 Aug 2020 16:44:47

US3252119

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:49:52

[Enrollment Trigger](#)

Audit	User	Time (GMT)
User entered 'I'	System	11 Aug 2020 18:00:32
User entered empty.	System	11 Aug 2020 18:00:24

US3252119

Folder: Screening

Form: Inclusion/Exclusion Criteria Summary

Generated On: 26 Nov 2020 10:49:52

[Did the participant meet all eligibility criteria?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Joanna Gurrola (b) (4) (b) (4)	11 Aug 2020 17:50:57

US3252119

Folder: Screening

Form: Medical History Summary

Generated On: 26 Nov 2020 10:49:52

[Were any significant conditions reported?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:22:35

US3252119

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:49:52

[Condition](#)

Audit	User	Time (GMT)
User coded data point as SOC: Metabolism and nutrition disorders, HLGT: Glucose metabolism disorders (incl diabetes mellitus), HLT: Diabetes mellitus (incl subtypes), PT: Type 2 diabetes mellitus, LLT: Type II diabetes mellitus - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	12 Aug 2020 14:25:14
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	12 Aug 2020 14:25:14
Data point term sent to Coder	System	12 Aug 2020 14:23:51
User entered 'Type II Diabetes'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:23:11

US3252119

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:49:52

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'UN UNK 2016'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:23:11

US3252119

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:49:52

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:23:11

US3252119

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:49:52

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:23:11

US3252119

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:49:52

If No, please specify the stop date (dd MMM yyyy)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:23:11

US3252119

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:49:52

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:23:11

US3252119

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:49:52

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2016'	System	12 Aug 2020 14:23:11

US3252119

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:49:52

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2016'	System	12 Aug 2020 14:23:11

US3252119

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:49:52

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	12 Aug 2020 14:23:11

US3252119

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:49:52

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	12 Aug 2020 14:23:11

US3252119

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:49:52

[Condition](#)

Audit	User	Time (GMT)
User coded data point as SOC: Metabolism and nutrition disorders, HLGT: Lipid metabolism disorders, HLT: Hyperlipidaemias NEC, PT: Hyperlipidaemia, LLT: Hyperlipidemia - version MedDRA\\23.0.	Coder Import (b) (4)	12 Aug 2020 14:26:08
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4)	12 Aug 2020 14:26:08
Data point term sent to Coder	System	12 Aug 2020 14:24:52
User entered 'Hyperlipidemia'	Shannon Moyer (b) (4)	12 Aug 2020 14:24:02
	(b) (4)	

US3252119

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:49:52

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'UN UNK 2016'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:24:02

US3252119

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:49:52

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:24:02

US3252119

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:49:52

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:24:02

US3252119

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:49:52

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:24:02

US3252119

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:49:52

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:24:02

US3252119

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:49:52

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2016'	System	12 Aug 2020 14:24:02

US3252119

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:49:52

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2016'	System	12 Aug 2020 14:24:02

US3252119

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:49:52

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	12 Aug 2020 14:24:02

US3252119

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 10:49:52

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	12 Aug 2020 14:24:02

US3252119

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:49:52

[Condition](#)

Audit	User	Time (GMT)
User coded data point as SOC: Vascular disorders, HLGT: Vascular hypertensive disorders, HLT: Vascular hypertensive disorders NEC, PT: Hypertension, LLT: Hypertension - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	12 Aug 2020 14:26:08
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	12 Aug 2020 14:26:08
Data point term sent to Coder	System	12 Aug 2020 14:24:55
User entered 'Hypertension'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:24:45

US3252119

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:49:52

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'UN UNK 2016'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:24:45

US3252119

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:49:52

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:24:45

US3252119

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:49:52

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:24:45

US3252119

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:49:52

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:24:45

US3252119

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:49:52

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:24:45

US3252119

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:49:52

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2016'	System	12 Aug 2020 14:24:45

US3252119

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:49:52

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2016'	System	12 Aug 2020 14:24:45

US3252119

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:49:52

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	12 Aug 2020 14:24:45

US3252119

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 10:49:52

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	12 Aug 2020 14:24:45

US3252119

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:49:52

Condition

Audit	User	Time (GMT)
User closed query 'Per DM CLR: Please specify the location (bilateral, left, right) and type of FOOT INFECTION. Review and update medical history diagnosis as appropriate and ensure update to MHx is reconciled with any corresponding AE or ConMed entries, if applicable.' (Site from DM).	(b) (4), (b) (6)	29 Oct 2020 20:26:48
User coded data point as SOC: Infections and infestations, HLGT: Infections - pathogen unspecified, HLT: Infections NEC, PT: Localised infection, LLT: Foot infection - version MedDRA\\23.0.	Coder Import (b) (4)	24 Sep 2020 00:21:44
User coded data point as Term Coded data point by User: (b) (6) - version MedDRA\\23.0.	Coder Import (b) (4)	24 Sep 2020 00:21:44
Data point term sent to Coder	System	23 Sep 2020 18:25:50
Query 'Per DM CLR: Please specify the location (bilateral, left, right) and type of FOOT INFECTION. Review and update medical history diagnosis as appropriate and ensure update to MHx is reconciled with any corresponding AE or ConMed entries, if applicable.' answered with 'has been updated' (Site from DM).	Xavier Morales (b) (4)	23 Sep 2020 18:25:00
Coding entries removed.	Xavier Morales (b) (4)	23 Sep 2020 18:24:55
User entered 'LEFT FOOT INFECTION' reason for change: Data Entry Error	Xavier Morales (b) (4)	23 Sep 2020 18:24:55
User opened query 'Per DM CLR: Please specify the location (bilateral, left, right) and type of FOOT INFECTION. Review and update medical history diagnosis as appropriate and ensure update to MHx is reconciled with any corresponding AE or ConMed entries, if applicable.' (Site from DM).	(b) (4), (b) (6)	15 Sep 2020 16:17:22
User coded data point as SOC: Infections and infestations, HLGT: Infections - pathogen unspecified, HLT: Infections NEC, PT: Localised infection, LLT: Foot infection - version MedDRA\\23.0.	Coder Import (b) (4)	12 Aug 2020 14:26:08
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4)	12 Aug 2020 14:26:08
Data point term sent to Coder	System	12 Aug 2020 14:25:55
User entered 'Foot infection'	Shannon Moyer (b) (4)	12 Aug 2020 14:25:05

US3252119

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:49:52

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'UN Apr 2020'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:25:05

US3252119

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:49:52

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:25:05

US3252119

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:49:52

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:25:05

US3252119

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:49:52

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:25:05

US3252119

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:49:52

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:25:05

US3252119

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:49:52

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Apr 2020'	System	12 Aug 2020 14:25:05

US3252119

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:49:52

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2020'	System	12 Aug 2020 14:25:05

US3252119

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:49:52

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	12 Aug 2020 14:25:05

US3252119

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 10:49:52

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	12 Aug 2020 14:25:05

US3252119

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:49:52

[Condition](#)

Audit	User	Time (GMT)
User coded data point as SOC: Surgical and medical procedures, HLGT: Bone and joint therapeutic procedures, HLT: Limb therapeutic procedures, PT: Toe amputation, LLT: Toe amputation - version MedDRA\23.0.	Coder Import (b) (4) (b) (4)	18 Nov 2020 13:09:04
User coded data point as Term Coded data point by User: (b) (6) - version MedDRA\23.0.	Coder Import (b) (4) (b) (4)	18 Nov 2020 13:09:04
User closed query 'Per DM CLR: Please review and ensure the associated condition which led to this procedure is also captured in the Med History eCRF. Please verify and update as appropriate.' (Site from DM).	(b) (4), (b) (6)	29 Oct 2020 20:27:08
Query 'Per DM CLR: Please review and ensure the associated condition which led to this procedure is also captured in the Med History eCRF. Please verify and update as appropriate.' answered with 'has been updated' (Site from DM).	Xavier Morales (b) (4) (b) (4)	23 Sep 2020 18:26:11
User opened query 'Per DM CLR: Please review and ensure the associated condition which led to this procedure is also captured in the Med History eCRF. Please verify and update as appropriate.' (Site from DM).	(b) (4), (b) (6)	15 Sep 2020 16:17:52
Data point term sent to Coder	System	23 Aug 2020 03:14:47
User entered 'Removal of fifth left toe'	Joanna Gurrola (b) (4) (b) (4)	23 Aug 2020 02:04:13

US3252119

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:49:52

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'UN Nov 2016'	Joanna Gurrola (b) (4) (b) (4)	23 Aug 2020 02:04:13

US3252119

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:49:52

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Joanna Gurrola (b) (4) (b) (4)	23 Aug 2020 02:04:13

US3252119

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:49:52

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	23 Aug 2020 02:04:13

US3252119

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:49:52

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'UN Nov 2016'	Joanna Gurrola (b) (4) (b) (4)	23 Aug 2020 02:04:13

US3252119

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:49:52

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Joanna Gurrola (b) (4) (b) (4)	23 Aug 2020 02:04:13

US3252119

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:49:52

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Nov 2016'	System	23 Aug 2020 02:04:13

US3252119

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:49:52

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2016'	System	23 Aug 2020 02:04:13

US3252119

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:49:52

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Nov 2016'	System	23 Aug 2020 02:04:13

US3252119

Folder: Screening

Form: Medical History (5)

Generated On: 26 Nov 2020 10:49:52

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2016'	System	23 Aug 2020 02:04:13

US3252119

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:49:52

[Condition](#)

Audit	User	Time (GMT)
User coded data point as SOC: Surgical and medical procedures, HLGT: Male genital tract therapeutic procedures, HLT: Male genital tract therapeutic procedures NEC, PT: Vasectomy, LLT: Vasectomy - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	23 Aug 2020 03:17:27
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	23 Aug 2020 03:17:27
Data point term sent to Coder	System	23 Aug 2020 03:14:54
User entered 'Vasectomy'	Joanna Gurrola (b) (4) (b) (4)	23 Aug 2020 02:05:04

US3252119

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:49:52

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'UN Jan 2000'	Joanna Gurrola (b) (4) (b) (4)	23 Aug 2020 02:05:04

US3252119

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:49:52

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Joanna Gurrola (b) (4) (b) (4)	23 Aug 2020 02:05:04

US3252119

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:49:52

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	23 Aug 2020 02:05:04

US3252119

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:49:52

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'UN Jan 2000'	Joanna Gurrola (b) (4) (b) (4)	23 Aug 2020 02:05:04

US3252119

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:49:52

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Joanna Gurrola (b) (4) (b) (4)	23 Aug 2020 02:05:04

US3252119

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:49:52

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2000'	System	23 Aug 2020 02:05:04

US3252119

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:49:52

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2000'	System	23 Aug 2020 02:05:04

US3252119

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:49:52

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Jan 2000'	System	23 Aug 2020 02:05:04

US3252119

Folder: Screening

Form: Medical History (6)

Generated On: 26 Nov 2020 10:49:52

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2000'	System	23 Aug 2020 02:05:04

US3252119

Folder: Screening

Form: Medical History (7)

Generated On: 26 Nov 2020 10:49:52

Condition

Audit	User	Time (GMT)
User coded data point as SOC: Infections and infestations, HLGT: Infections - pathogen unspecified, HLT: Infections NEC, PT: Localised infection, LLT: Foot infection - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	24 Sep 2020 00:21:44
User coded data point as Term Coded data point by User: (b) (6) - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	24 Sep 2020 00:21:44
Data point term sent to Coder	System	23 Sep 2020 18:25:52
User entered 'Left foot infection'	Xavier Morales (b) (4) (b) (4)	23 Sep 2020 18:25:31

US3252119

Folder: Screening

Form: Medical History (7)

Generated On: 26 Nov 2020 10:49:52

[Start date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'UN Nov 2016'	Xavier Morales (b) (4) (b) (4)	23 Sep 2020 18:25:31

US3252119

Folder: Screening

Form: Medical History (7)

Generated On: 26 Nov 2020 10:49:52

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Xavier Morales (b) (4) (b) (4)	23 Sep 2020 18:25:31

US3252119

Folder: Screening

Form: Medical History (7)

Generated On: 26 Nov 2020 10:49:52

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Xavier Morales (b) (4) (b) (4)	23 Sep 2020 18:25:31

US3252119

Folder: Screening

Form: Medical History (7)

Generated On: 26 Nov 2020 10:49:52

[If No, please specify the stop date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered 'UN Nov 2016'	Xavier Morales (b) (4) (b) (4)	23 Sep 2020 18:25:31

US3252119

Folder: Screening

Form: Medical History (7)

Generated On: 26 Nov 2020 10:49:52

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Xavier Morales (b) (4) (b) (4)	23 Sep 2020 18:25:31

US3252119

Folder: Screening

Form: Medical History (7)

Generated On: 26 Nov 2020 10:49:52

[Start Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Nov 2016'	System	23 Sep 2020 18:25:31

US3252119

Folder: Screening

Form: Medical History (7)

Generated On: 26 Nov 2020 10:49:52

[Start Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2016'	System	23 Sep 2020 18:25:31

US3252119

Folder: Screening

Form: Medical History (7)

Generated On: 26 Nov 2020 10:49:52

[Stop Month and Year \(derived\)](#)

Audit	User	Time (GMT)
User entered 'Nov 2016'	System	23 Sep 2020 18:25:31

US3252119

Folder: Screening

Form: Medical History (7)

Generated On: 26 Nov 2020 10:49:52

[Stop Year \(derived\)](#)

Audit	User	Time (GMT)
User entered '2016'	System	23 Sep 2020 18:25:31

US3252119

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:27:03

US3252119

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '11 Aug 2020'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:27:03

US3252119

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

Time of assessment (00:00-23:59)

Audit	User	Time (GMT)
User entered '11:32'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:27:03

US3252119

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '11 Aug 2020 11:32'	System	12 Aug 2020 14:27:03

US3252119

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

Height (xxx.x)

Audit	User	Time (GMT)
User entered '71.3' in	Shannon Moyer (b) (4)	12 Aug 2020 14:27:03
DataPoint set to visible.	(b) (4) System	11 Aug 2020 18:00:32

US3252119

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

[Weight \(.xxx.x\)](#)

Audit	User	Time (GMT)
User entered '313' lb	Shannon Moyer (b) (4)	12 Aug 2020 14:27:03
DataPoint set to visible.	(b) (4) System	11 Aug 2020 18:00:32

US3252119

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

BMI (xxx.x)

Audit	User	Time (GMT)
Amendment Manager: User entered '43.37856'	System	16 Sep 2020 23:51:50
User entered '43.4'	System	12 Aug 2020 14:27:03
DataPoint set to visible.	System	11 Aug 2020 18:00:32

US3252119

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

[BMI units](#)

Audit	User	Time (GMT)
User entered 'kg/m2'	System	12 Aug 2020 14:27:03
DataPoint set to visible.	System	11 Aug 2020 18:00:32

US3252119

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	Joanna Gurrola (b) (4)	23 Aug 2020 01:58:57
User entered '98.2' F	Shannon Moyer (b) (4)	12 Aug 2020 14:27:03

US3252119

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

[Route of measurement](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Joanna Gurrola (b) (4) (b) (4)	23 Aug 2020 01:58:57
User entered 'Oral (Oral)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:27:03

US3252119

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:27:03

US3252119

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	Joanna Gurrola (b) (4)	23 Aug 2020 01:58:57
User entered '81'	Shannon Moyer (b) (4)	12 Aug 2020 14:27:03

US3252119

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	12 Aug 2020 14:27:03

US3252119

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	Joanna Gurrola (b) (4)	23 Aug 2020 01:58:57
User entered '16'	Shannon Moyer (b) (4)	12 Aug 2020 14:27:03

US3252119

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	12 Aug 2020 14:27:03

US3252119

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	Joanna Gurrola (b) (4)	23 Aug 2020 01:58:57
User entered '134'	Shannon Moyer (b) (4)	12 Aug 2020 14:27:03

US3252119

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	12 Aug 2020 14:27:03

US3252119

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	Joanna Gurrola (b) (4)	23 Aug 2020 01:58:57
User entered '90'	Shannon Moyer (b) (4)	12 Aug 2020 14:27:03

US3252119

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	12 Aug 2020 14:27:03

US3252119

Folder: Screening

Form: Physical Examination

Generated On: 26 Nov 2020 10:49:52

[Was the physical examination performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:27:15

US3252119

Folder: Screening

Form: Physical Examination

Generated On: 26 Nov 2020 10:49:52

Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
Query 'The Physical Examination Date is prior to the Screening Visit Date. Please review and reconcile.' canceled (Site from System).	(b) (4), (b) (6)	11 Sep 2020 14:37:33
User opened query 'The Physical Examination Date is prior to the Screening Visit Date. Please review and reconcile.' (Site from System).		09 Sep 2020 05:25:23
User entered '11 Aug 2020'	Shannon Moyer (b) (4)	12 Aug 2020 14:27:15
	(b) (4)	

US3252119

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:49:52

Healthcare workers (e.g., doctors, nurses, dentists, hospital support staff, morgue/mortuary workers)

Audit	User	Time (GMT)
User entered 'No (N)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:28:06

US3252119

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:49:52

Emergency Response (e.g., Law enforcement officers, Firefighters, emergency medical service workers)

Audit	User	Time (GMT)
User entered 'No (N)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:28:06

US3252119

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:49:52

Retail or Restaurant Operations, particularly those in critical and/high-customer volume (e.g., grocery, convenience, hardware, big-box stores)

Audit	User	Time (GMT)
User entered 'No (N)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:28:06

US3252119

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:49:52

Manufacturing & Production Operations with inherent overcrowding (e.g., factory workers, meat/food processing plants)

Audit	User	Time (GMT)
User entered 'No (N)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:28:06

US3252119

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:49:52

[Warehouse shipping and fulfillment centers and jobs \(e.g., Amazon facilities\)](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:28:06

US3252119

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:49:52

Transportation and delivery services (e.g., airlines, public transit, taxi/UBER, fed ex/UPS, postal workers)

Audit	User	Time (GMT)
User entered 'No (N)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:28:06

US3252119

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:49:52

Border Protection and Military Personnel (e.g., TSA, custom and border protection agents, military personnel not social distancing)

Audit	User	Time (GMT)
User entered 'No (N)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:28:06

US3252119

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:49:52

Personal Care and in-home services (e.g., barber/salon/spa, in-home repair services, electricians, plumbers, janitorial services)

Audit	User	Time (GMT)
User entered 'No (N)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:28:06

US3252119

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:49:52

Hospitality and Tourism Workers (e.g., hotel, casino, amusement/theme park, entertainment, ski resorts)

Audit	User	Time (GMT)
User entered 'No (N)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:28:06

US3252119

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:49:52

Pastoral, Social or Public Health Workers requiring frequent contact with community members (e.g., social workers, volunteers, religious clergy)

Audit	User	Time (GMT)
User entered 'No (N)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:28:06

US3252119

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:49:52

Educators and Students (e.g., teachers, administrators, support staff, and students interacting in face-to-face school setting)

Audit	User	Time (GMT)
User entered 'No (N)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:28:06

US3252119

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:49:52

[Other](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:28:06

US3252119

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:49:52

[Specify](#)

Audit	User	Time (GMT)
User entered 'GM (b) (6)	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:28:06

US3252119

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:49:52

No Risk Identified

Audit	User	Time (GMT)
User entered '0'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:28:06

US3252119

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:49:52

[Resides in Nursing Home or Assisted Living Facility](#)

Audit	User	Time (GMT)
User entered '0'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:28:06

US3252119

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:49:52

Resides in Multi-family dwelling (e.g., cohabitation in dwelling with > 5 people, includes grandparents living with children < 18yrs)

Audit	User	Time (GMT)
User entered '0'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:28:06

US3252119

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:49:52

[Resides in high density housing](#) (e.g., high rise apartments with shared entrances or elevators)

Audit	User	Time (GMT)
User entered '0'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:28:06

US3252119

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:49:52

Resides in low density, multi-family setting without (e.g., apartments complex without shared entrances or elevators, duplexes)

Audit	User	Time (GMT)
User entered '0'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:28:06

US3252119

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:49:52

[Resides in a single family home](#) (i.e., detached housing)

Audit	User	Time (GMT)
User entered '1'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:28:06

US3252119

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:49:52

[Other](#)

Audit	User	Time (GMT)
User entered '0'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:28:06

US3252119

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:49:52

[Specify](#)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:28:06

US3252119

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 10:49:52

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Xavier Morales (b) (4) (b) (4)	11 Aug 2020 18:49:28

US3252119

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 10:49:52

[Visit date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered '11 Aug 2020'	Xavier Morales (b) (4) (b) (4)	11 Aug 2020 18:49:28

US3252119

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 10:49:52

Was visit performed at the participant's home or at the clinic?

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	Xavier Morales (b) (4) (b) (4)	11 Aug 2020 18:49:28

US3252119

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 10:49:52

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'VISIT1'	System	11 Aug 2020 18:49:28

US3252119

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:49:52

What was the date of randomization? (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '11 AUG 2020'	RWS_ENDPOINT ENDPOINT (b) (4) <div></div>	11 Aug 2020 16:49:58

US3252119

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:49:52

What was the participant's randomization number?

Audit	User	Time (GMT)
Amendment Manager: User closed query 'Data entered is non-conformant. Please correct.' (Site from System).	System	21 Aug 2020 03:35:51
Amendment Manager: Data point set to conformant.	System	21 Aug 2020 03:35:51
User opened query 'Data entered is non-conformant. Please correct.' (Site from System).	System	11 Aug 2020 16:49:58
User entered '143657' (non-conformant).	RWS_ENDPOINT ENDPOINT (b) (4) [REDACTED]	11 Aug 2020 16:49:58

US3252119

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:49:52

[In what Cohort was the participant enrolled?](#)

Audit	User	Time (GMT)
User entered '>=18 and <65 years and at risk (2)'	RWS_ENDPOINT ENDPOINT (b) (4) <div></div>	11 Aug 2020 16:49:58

US3252119

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:49:52

Chronic lung disease (eg, emphysema and chronic bronchitis, idiopathic pulmonary fibrosis and cystic fibrosis, or moderate to severe asthma)

Audit	User	Time (GMT)
User entered 'No (N)'	Xavier Morales (b) (4) (b) (4)	11 Aug 2020 18:49:17

US3252119

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:49:52

Significant cardiac disease (eg, heart failure, coronary artery disease, congenital heart disease, cardiomyopathies, and pulmonary hypertension)

Audit	User	Time (GMT)
User entered 'No (N)'	Xavier Morales (b) (4) (b) (4)	11 Aug 2020 18:49:17

US3252119

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:49:52

Severe obesity (body mass index > or = 40kg/m2

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Xavier Morales (b) (4) (b) (4)	11 Aug 2020 18:49:17

US3252119

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:49:52

[Diabetes \(Type I, Type 2, or gestational\)](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Xavier Morales (b) (4) (b) (4)	11 Aug 2020 18:49:17

US3252119

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:49:52

[Liver Disease](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Xavier Morales (b) (4) (b) (4)	11 Aug 2020 18:49:17

US3252119

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:49:52

[Human Immunodeficiency Virus \(HIV\) infection](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Nancy Torrence (b) (4)	30 Sep 2020 04:58:14
	(b) (4)	
Amendment Manager: DataPoint set to visible.	System	19 Sep 2020 10:17:39
Amendment Manager inserted this DataPoint.	System	19 Sep 2020 06:31:53

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:49:52

[Height](#)

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	Joanna Gurrola (b) (4) (b) (4)	23 Aug 2020 02:07:08
User entered empty; reason for change Data Entry Error	Shannon Moyer (b) (4) (b) (4)	20 Aug 2020 20:22:17
User entered '71.3' in	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:49:52

Weight

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	Joanna Gurrola (b) (4)	23 Aug 2020 02:07:08
User entered empty; reason for change Data Entry Error	(b) (4)	20 Aug 2020 20:22:17
User entered '313' lb	Shannon Moyer (b) (4)	12 Aug 2020 14:29:37
	(b) (4)	

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:49:52

[Height](#)

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	Joanna Gurrola (b) (4) (b) (4)	23 Aug 2020 02:07:08
User entered empty; reason for change Data Entry Error	Shannon Moyer (b) (4) (b) (4)	20 Aug 2020 20:22:17
User entered '71.3' in	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:49:52

Weight

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	Joanna Gurrola (b) (4) (b) (4)	23 Aug 2020 02:07:08
User entered empty; reason for change Data Entry Error	Shannon Moyer (b) (4) (b) (4)	20 Aug 2020 20:22:17
User entered '313' lb	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:49:52

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Pre-Dose (PREDOSE)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:49:52

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:49:52

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '11 Aug 2020'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:49:52

Time of assessment (00:00-23:59)

Audit	User	Time (GMT)
User entered '11:32'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:49:52

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '11 Aug 2020 11:32'	System	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:49:52

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '98.2' F	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:49:52

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:49:52

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:49:52

Pulse (xxx)

Audit	User	Time (GMT)
User entered '81'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:49:52

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:49:52

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
User entered '16'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:49:52

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:49:52

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '134'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:49:52

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:49:52

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '90'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:49:52

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:49:52

[Height](#)

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	Joanna Gurrola (b) (4) (b) (4)	23 Aug 2020 02:07:08
User entered empty; reason for change Data Entry Error	Shannon Moyer (b) (4) (b) (4)	20 Aug 2020 20:22:17
User entered '71.3' in	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:49:52

Weight

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	Joanna Gurrola (b) (4)	23 Aug 2020 02:07:08
User entered empty; reason for change Data Entry Error	(b) (4)	20 Aug 2020 20:22:17
User entered '313' lb	Shannon Moyer (b) (4)	12 Aug 2020 14:29:37
	(b) (4)	

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:49:52

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Post-Dose (POSTDOSE)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:49:52

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User closed query 'Data is required. Please complete.' (Site from System).	System	20 Aug 2020 20:22:17
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	20 Aug 2020 20:22:17
User entered 'Yes (Y)' reason for change: Data Entry Error	Shannon Moyer (b) (4) (b) (4)	20 Aug 2020 20:22:17
User opened query 'Data is required. Please complete.' (Site from System).	System	12 Aug 2020 14:29:37
User entered empty.	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:49:52

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '11 Aug 2020' reason for change: Data Entry Error	Shannon Moyer (b) (4)	20 Aug 2020 20:22:17
User entered empty.	Shannon Moyer (b) (4)	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:49:52

Time of assessment (00:00-23:59)

Audit	User	Time (GMT)
Amendment Manager: Query closed during migrationSystem process because the edit check no longer exists in target version.		21 Aug 2020 03:35:48
Query 'Post-dose vital signs time is prior to or less than 60 minutes after the Dose Time. Please review and reconcile.' answered with 'Per Source, correct as is' (Site from System).	Shannon Moyer (b) (4)	20 Aug 2020 20:22:34
User opened query 'Post-dose vital signs time is prior to or less than 60 minutes after the Dose Time. Please review and reconcile.' (Site from System).		20 Aug 2020 20:22:17
User entered '13:12' reason for change: Data Entry Error	Shannon Moyer (b) (4)	20 Aug 2020 20:22:17
User entered empty.	Shannon Moyer (b) (4)	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:49:52

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '11 Aug 2020 13:12'	System	20 Aug 2020 20:22:17
User entered empty.	System	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:49:52

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '97.6' F reason for change: Data Entry Error	Shannon Moyer (b) (4)	20 Aug 2020 20:22:17
User entered empty.	Shannon Moyer (b) (4)	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:49:52

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	20 Aug 2020 20:22:17
User entered empty.	Shannon Moyer (b) (4)	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:49:52

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:49:52

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '77' reason for change: Data Entry Error	Shannon Moyer (b) (4)	20 Aug 2020 20:22:17
User entered empty.	Shannon Moyer (b) (4)	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:49:52

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	20 Aug 2020 20:22:17
User entered empty.	System	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:49:52

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
User entered '16' reason for change: Data Entry Error	Shannon Moyer (b) (4)	20 Aug 2020 20:22:17
User entered empty.	Shannon Moyer (b) (4)	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:49:52

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	20 Aug 2020 20:22:17
User entered empty.	System	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:49:52

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '130' reason for change: Data Entry Error	Shannon Moyer (b) (4)	20 Aug 2020 20:22:17
User entered empty.	Shannon Moyer (b) (4)	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:49:52

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	20 Aug 2020 20:22:17
User entered empty.	System	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:49:52

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '84' reason for change: Data Entry Error	Shannon Moyer (b) (4)	20 Aug 2020 20:22:17
User entered empty.	Shannon Moyer (b) (4)	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:49:52

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	20 Aug 2020 20:22:17
User entered empty.	System	12 Aug 2020 14:29:37

US3252119

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 10:49:52

[Was the physical examination performed?](#)

Audit	User	Time (GMT)
User entered 'No (N)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	23 Aug 2020 01:59:29
User entered 'Yes (Y)'	Shannon Moyer (b) (4)	12 Aug 2020 14:29:51

US3252119

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 10:49:52

Date of examination (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Joanna Gurrola (b) (4) (b) (4)	23 Aug 2020 01:59:29
User entered '11 Aug 2020'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:29:51

US3252119

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:49:52

[Was study treatment given?](#)

Audit	User	Time (GMT)
User closed query 'Was study treatment given? Is Yes but any of these is missing: Treatment Date, Treatment Time, or Treatment Arm. Please review and reconcile.' (Site from System).	System	20 Aug 2020 20:22:58
Query 'Was study treatment given? Is Yes but any of these is missing: Treatment Date, Treatment Time, or Treatment Arm. Please review and reconcile.' answered by data change (Site from System).	System	20 Aug 2020 20:22:58
User closed query 'Data is required. Please complete.' (Site from System).	System	12 Aug 2020 14:30:07
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	12 Aug 2020 14:30:07
User opened query 'Was study treatment given? Is Yes but any of these is missing: Treatment Date, Treatment Time, or Treatment Arm. Please review and reconcile.' (Site from System).	System	12 Aug 2020 14:30:07
User entered 'Yes (Y)' reason for change: Data Entry Error	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:30:07
User opened query 'Data is required. Please complete.' (Site from System).	System	11 Aug 2020 18:01:00
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	11 Aug 2020 18:01:00

US3252119

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:49:52

If No, reason not given

Audit	User	Time (GMT)
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	11 Aug 2020 18:01:00

US3252119

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:49:52

If reason is Physician Decision, Withdrawal of Consent by Participant, Protocol Deviation, or Other, specify

Audit	User	Time (GMT)
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	11 Aug 2020 18:01:00

US3252119

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:49:52

[What was the study treatment?](#)

Audit	User	Time (GMT)
User entered 'MRNA-1273 OR PLACEBO'	System	12 Aug 2020 14:30:07
User entered empty.	System	11 Aug 2020 18:01:00

US3252119

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:49:52

What was the treatment date? (dd MMM yyyy)

Audit	User	Time (GMT)
User entered '11 Aug 2020'	Joanna Gurrola (b) (4) (b) (4)	11 Aug 2020 18:01:00

US3252119

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:49:52

[What was the treatment time? \(00:00-23:59\)](#)

Audit	User	Time (GMT)
User entered '12:25'	Joanna Gurrola (b) (4) (b) (4)	11 Aug 2020 18:01:00

US3252119

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:49:52

[Treatment Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '11 Aug 2020 12:25'	System	11 Aug 2020 18:01:00

US3252119

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:49:52

[Which arm was used to give treatment?](#)

Audit	User	Time (GMT)
User entered 'Left Arm (LEFT ARM)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	20 Aug 2020 20:22:58
User entered empty.	(b) (4)	
	Joanna Gurrola (b) (4)	11 Aug 2020 18:01:00
	(b) (4)	

US3252119

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:49:52

[What was the frequency of the study treatment dosing?](#)

Audit	User	Time (GMT)
User entered 'ONCE'	System	12 Aug 2020 14:30:07
User entered empty.	System	11 Aug 2020 18:01:00

US3252119

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:49:52

[What was the route of administration for the study treatment?](#)

Audit	User	Time (GMT)
User entered 'INTRAMUSCULAR'	System	12 Aug 2020 14:30:07
User entered empty.	System	11 Aug 2020 18:01:00

US3252119

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:49:52

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:30:32

US3252119

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:49:52

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '11 Aug 2020'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:30:32

US3252119

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:49:52

[Collection time \(00:00-23:59\)](#)

Audit	User	Time (GMT)
User entered '12:00'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:30:32

US3252119

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:49:52

[Collection date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered '11 Aug 2020 12:00'	System	12 Aug 2020 14:30:32

US3252119

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 10:49:52

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '11 Aug 2020'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:30:55

US3252119

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:49:52

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 1 (NASAL1)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:30:55

US3252119

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:49:52

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:30:55

US3252119

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:49:52

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
User entered '11:49'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:30:55

US3252119

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:49:52

[Collection date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered '11 Aug 2020 11:49'	System	12 Aug 2020 14:30:55

US3252119

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:49:52

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 2 (NASAL2)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:30:55

US3252119

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:49:52

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:30:55

US3252119

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:49:52

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:30:55

US3252119

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:49:52

[Collection date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	12 Aug 2020 14:30:55

US3252119

Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 10:49:52

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:31:02

US3252119

Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 10:49:52

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	12 Aug 2020 14:31:02

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-11T13:01:58', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '0356e223-84d3-4cb1-b83b-4111f833b3db'	System	11 Aug 2020 18:02:18
User entered 'Yes (Y)'	System	11 Aug 2020 18:02:18

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

Please record your **TEMPERATURE in °F**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-11T13:02:06', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '0356e223-84d3-4cb1-b83b-4111f833b3db'	System	11 Aug 2020 18:02:18
User entered '97.6'	System	11 Aug 2020 18:02:18

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-11T13:02:10', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '0356e223-84d3-4cb1-b83b-4111f833b3db'	System	11 Aug 2020 18:02:18
User entered 'No (N)'	System	11 Aug 2020 18:02:18

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-11T13:02:15', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '0356e223-84d3-4cb1-b83b-4111f833b3db'	System	11 Aug 2020 18:02:18
User entered '11 Aug 2020 13:02'	System	11 Aug 2020 18:02:18

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '11 Aug 2020 12:45'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '11 Aug 2020 15:15'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered 'Day 1, after vaccination (at home)'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '11 Aug 2020 16:10'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '12 Aug 2020 11:59'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered 'Day 2'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:49:52

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-13T09:36:22', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '1e366ad3-a274-4f50-aac1-0c1519b53ce3'	System	13 Aug 2020 14:37:30
User entered 'Yes (Y)'	System	13 Aug 2020 14:37:30

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:49:52

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-13T09:36:31', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '1e366ad3-a274-4f50-aac1-0c1519b53ce3'	System	13 Aug 2020 14:37:30
User entered '97.6'	System	13 Aug 2020 14:37:30

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-13T09:37:11', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '1e366ad3-a274-4f50-aac1-0c1519b53ce3'	System	13 Aug 2020 14:37:30
User entered 'No (N)'	System	13 Aug 2020 14:37:30

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:49:52

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-13T09:37:24', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '1e366ad3-a274-4f50-aac1-0c1519b53ce3'	System	13 Aug 2020 14:37:30
User entered '13 Aug 2020 09:37'	System	13 Aug 2020 14:37:30

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '12 Aug 2020 12:00'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '13 Aug 2020 11:59'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered 'Day 3'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:49:52

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-14T07:54:48', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'f9754268-25bd-4eb2-b6a7-f0077fc61c43'	System	14 Aug 2020 12:55:19
User entered 'Yes (Y)'	System	14 Aug 2020 12:55:19

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:49:52

Please record your **TEMPERATURE in °F**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-14T07:55:01', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'f9754268-25bd-4eb2-b6a7-f0077fc61c43'	System	14 Aug 2020 12:55:19
User entered '96.1'	System	14 Aug 2020 12:55:19

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-14T07:55:06', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'f9754268-25bd-4eb2-b6a7-f0077fc61c43'	System	14 Aug 2020 12:55:19
User entered 'No (N)'	System	14 Aug 2020 12:55:19

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:49:52

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-14T07:55:16', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'f9754268-25bd-4eb2-b6a7-f0077fc61c43'	System	14 Aug 2020 12:55:19
User entered '14 Aug 2020 07:55'	System	14 Aug 2020 12:55:19

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '13 Aug 2020 12:00'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '14 Aug 2020 11:59'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered 'Day 4'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:49:52

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-15T10:29:51', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '061fc237-b8e5-4ddd-9962-1aa2a96808f1'	System	15 Aug 2020 15:30:11
User entered 'Yes (Y)'	System	15 Aug 2020 15:30:11

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:49:52

Please record your **TEMPERATURE in °F**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-15T10:29:56', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '061fc237-b8e5-4ddd-9962-1aa2a96808f1'	System	15 Aug 2020 15:30:11
User entered '96.6'	System	15 Aug 2020 15:30:11

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-15T10:30:04', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '061fc237-b8e5-4ddd-9962-1aa2a96808f1'	System	15 Aug 2020 15:30:11
User entered 'No (N)'	System	15 Aug 2020 15:30:11

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:49:52

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-15T10:30:08', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '061fc237-b8e5-4ddd-9962-1aa2a96808f1'	System	15 Aug 2020 15:30:11
User entered '15 Aug 2020 10:30'	System	15 Aug 2020 15:30:11

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '14 Aug 2020 12:00'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '15 Aug 2020 11:59'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered 'Day 5'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:49:52

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-16T06:02:56', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '7d2d0920-19d3-4b5e-a98d-0d27dc441f6e'	System	16 Aug 2020 11:03:23
User entered 'Yes (Y)'	System	16 Aug 2020 11:03:23

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:49:52

Please record your **TEMPERATURE in °F**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-16T06:03:10', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '7d2d0920-19d3-4b5e-a98d-0d27dc441f6e'	System	16 Aug 2020 11:03:23
User entered '96.9'	System	16 Aug 2020 11:03:23

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-16T06:03:15', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '7d2d0920-19d3-4b5e-a98d-0d27dc441f6e'	System	16 Aug 2020 11:03:23
User entered 'No (N)'	System	16 Aug 2020 11:03:23

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:49:52

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-16T06:03:18', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '7d2d0920-19d3-4b5e-a98d-0d27dc441f6e'	System	16 Aug 2020 11:03:23
User entered '16 Aug 2020 06:03'	System	16 Aug 2020 11:03:23

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '15 Aug 2020 12:00'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '16 Aug 2020 11:59'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered 'Day 6'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:49:52

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-16T21:42:02', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '82eca7e9-0d05-418e-a0ae-2f222ce08133'	System	17 Aug 2020 02:42:18
User entered 'Yes (Y)'	System	17 Aug 2020 02:42:18

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:49:52

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-16T21:42:08', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '82eca7e9-0d05-418e-a0ae-2f222ce08133'	System	17 Aug 2020 02:42:18
User entered '96.2'	System	17 Aug 2020 02:42:18

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-16T21:42:13', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '82eca7e9-0d05-418e-a0ae-2f222ce08133'	System	17 Aug 2020 02:42:18
User entered 'No (N)'	System	17 Aug 2020 02:42:18

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:49:52

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-16T21:42:16', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '82eca7e9-0d05-418e-a0ae-2f222ce08133'	System	17 Aug 2020 02:42:18
User entered '16 Aug 2020 21:42'	System	17 Aug 2020 02:42:18

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '16 Aug 2020 12:00'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '17 Aug 2020 11:59'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered 'Day 7'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:49:52

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-18T07:31:55', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'd3016cb3-0c31-434a-833b-e9f88e61d8d3'	System	18 Aug 2020 12:33:28
User entered 'Yes (Y)'	System	18 Aug 2020 12:33:28

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:49:52

Please record your **TEMPERATURE in °F**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-18T07:32:11', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'd3016cb3-0c31-434a-833b-e9f88e61d8d3'	System	18 Aug 2020 12:33:28
User entered '97.1'	System	18 Aug 2020 12:33:28

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-18T07:33:16', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'd3016cb3-0c31-434a-833b-e9f88e61d8d3'	System	18 Aug 2020 12:33:28
User entered 'No (N)'	System	18 Aug 2020 12:33:28

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:49:52

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-18T07:33:26', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'd3016cb3-0c31-434a-833b-e9f88e61d8d3'	System	18 Aug 2020 12:33:28
User entered '18 Aug 2020 07:33'	System	18 Aug 2020 12:33:28

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '17 Aug 2020 12:00'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '18 Aug 2020 11:59'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-11T13:02:22', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '8e3b823b-23fd-4240-b9bd-92ce20391d06'	System	11 Aug 2020 18:02:38
User entered 'None (1)'	System	11 Aug 2020 18:02:38

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-11T13:02:25', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '8e3b823b-23fd-4240-b9bd-92ce20391d06'	System	11 Aug 2020 18:02:38
User entered 'No (N)'	System	11 Aug 2020 18:02:38

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-11T13:02:27', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '8e3b823b-23fd-4240-b9bd-92ce20391d06'	System	11 Aug 2020 18:02:38
User entered 'No (N)'	System	11 Aug 2020 18:02:38

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-11T13:02:30', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '8e3b823b-23fd-4240-b9bd-92ce20391d06'	System	11 Aug 2020 18:02:38
User entered 'None (1)'	System	11 Aug 2020 18:02:38

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-11T13:02:35', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '8e3b823b-23fd-4240-b9bd-92ce20391d06'	System	11 Aug 2020 18:02:38
User entered '11 Aug 2020 13:02'	System	11 Aug 2020 18:02:38

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '11 Aug 2020 12:45'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '11 Aug 2020 15:15'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered 'Day 1, after vaccination (at home)'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '11 Aug 2020 16:10'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '12 Aug 2020 11:59'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered 'Day 2'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-13T09:37:34', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'fe2eca71-2181-4c8c-8ba6-2144c6742aae'	System	13 Aug 2020 14:38:01
User entered 'None (1)'	System	13 Aug 2020 14:38:01

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-13T09:37:39', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'fe2eca71-2181-4c8c-8ba6-2144c6742aae'	System	13 Aug 2020 14:38:01
User entered 'No (N)'	System	13 Aug 2020 14:38:01

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-13T09:37:43', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'fe2eca71-2181-4c8c-8ba6-2144c6742aae'	System	13 Aug 2020 14:38:01
User entered 'No (N)'	System	13 Aug 2020 14:38:01

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-13T09:37:55', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'fe2eca71-2181-4c8c-8ba6-2144c6742aae'	System	13 Aug 2020 14:38:01
User entered 'None (1)'	System	13 Aug 2020 14:38:01

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:49:52

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-13T09:37:59', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'fe2eca71-2181-4c8c-8ba6-2144c6742aae'	System	13 Aug 2020 14:38:01
User entered '13 Aug 2020 09:37'	System	13 Aug 2020 14:38:01

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '12 Aug 2020 12:00'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '13 Aug 2020 11:59'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered 'Day 3'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-14T07:55:35', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'cef42015-a162-42ab-9ba7-b443bb7c555f'	System	14 Aug 2020 12:56:03
User entered 'None (1)'	System	14 Aug 2020 12:56:03

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-14T07:55:40', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'cef42015-a162-42ab-9ba7-b443bb7c555f'	System	14 Aug 2020 12:56:03
User entered 'No (N)'	System	14 Aug 2020 12:56:03

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-14T07:55:46', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'cef42015-a162-42ab-9ba7-b443bb7c555f'	System	14 Aug 2020 12:56:03
User entered 'No (N)'	System	14 Aug 2020 12:56:03

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-14T07:55:53', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'cef42015-a162-42ab-9ba7-b443bb7c555f'	System	14 Aug 2020 12:56:03
User entered 'None (1)'	System	14 Aug 2020 12:56:03

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:49:52

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-14T07:55:58', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'cef42015-a162-42ab-9ba7-b443bb7c555f'	System	14 Aug 2020 12:56:03
User entered '14 Aug 2020 07:55'	System	14 Aug 2020 12:56:03

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '13 Aug 2020 12:00'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '14 Aug 2020 11:59'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered 'Day 4'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-15T10:30:14', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '88e02dd9-8b4f-4a95-a2ec-d150b5c2bce5'	System	15 Aug 2020 15:30:40
User entered 'None (1)'	System	15 Aug 2020 15:30:40

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-15T10:30:18', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '88e02dd9-8b4f-4a95-a2ec-d150b5c2bce5'	System	15 Aug 2020 15:30:40
User entered 'No (N)'	System	15 Aug 2020 15:30:40

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-15T10:30:25', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '88e02dd9-8b4f-4a95-a2ec-d150b5c2bce5'	System	15 Aug 2020 15:30:40
User entered 'No (N)'	System	15 Aug 2020 15:30:40

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-15T10:30:33', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '88e02dd9-8b4f-4a95-a2ec-d150b5c2bce5'	System	15 Aug 2020 15:30:40
User entered 'None (1)'	System	15 Aug 2020 15:30:40

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:49:52

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-15T10:30:35', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '88e02dd9-8b4f-4a95-a2ec-d150b5c2bce5'	System	15 Aug 2020 15:30:40
User entered '15 Aug 2020 10:30'	System	15 Aug 2020 15:30:40

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '14 Aug 2020 12:00'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '15 Aug 2020 11:59'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered 'Day 5'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-16T06:03:25', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '3b658289-2eb4-439f-b776-8eb60a8c43f0'	System	16 Aug 2020 11:03:48
User entered 'None (1)'	System	16 Aug 2020 11:03:48

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-16T06:03:29', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '3b658289-2eb4-439f-b776-8eb60a8c43f0'	System	16 Aug 2020 11:03:48
User entered 'No (N)'	System	16 Aug 2020 11:03:48

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-16T06:03:34', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '3b658289-2eb4-439f-b776-8eb60a8c43f0'	System	16 Aug 2020 11:03:48
User entered 'No (N)'	System	16 Aug 2020 11:03:48

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-16T06:03:42', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '3b658289-2eb4-439f-b776-8eb60a8c43f0'	System	16 Aug 2020 11:03:48
User entered 'None (1)'	System	16 Aug 2020 11:03:48

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:49:52

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-16T06:03:47', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '3b658289-2eb4-439f-b776-8eb60a8c43f0'	System	16 Aug 2020 11:03:48
User entered '16 Aug 2020 06:03'	System	16 Aug 2020 11:03:48

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '15 Aug 2020 12:00'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '16 Aug 2020 11:59'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered 'Day 6'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-16T21:42:23', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '7906be26-d704-4a70-a1e3-5b5847908ee3'	System	17 Aug 2020 02:42:36
User entered 'None (1)'	System	17 Aug 2020 02:42:36

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:49:52

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-16T21:42:27', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '7906be26-d704-4a70-a1e3-5b5847908ee3'	System	17 Aug 2020 02:42:36
User entered 'No (N)'	System	17 Aug 2020 02:42:36

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-16T21:42:29', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '7906be26-d704-4a70-a1e3-5b5847908ee3'	System	17 Aug 2020 02:42:36
User entered 'No (N)'	System	17 Aug 2020 02:42:36

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-16T21:42:33', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '7906be26-d704-4a70-a1e3-5b5847908ee3'	System	17 Aug 2020 02:42:36
User entered 'None (1)'	System	17 Aug 2020 02:42:36

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:49:52

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-16T21:42:35', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '7906be26-d704-4a70-a1e3-5b5847908ee3'	System	17 Aug 2020 02:42:36
User entered '16 Aug 2020 21:42'	System	17 Aug 2020 02:42:36

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '16 Aug 2020 12:00'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '17 Aug 2020 11:59'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered 'Day 7'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-18T07:33:54', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '6e033303-3863-4797-a4ca-a963a5aa7a29'	System	18 Aug 2020 12:34:22
User entered 'None (1)'	System	18 Aug 2020 12:34:22

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-18T07:33:59', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '6e033303-3863-4797-a4ca-a963a5aa7a29'	System	18 Aug 2020 12:34:22
User entered 'No (N)'	System	18 Aug 2020 12:34:22

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-18T07:34:09', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '6e033303-3863-4797-a4ca-a963a5aa7a29'	System	18 Aug 2020 12:34:22
User entered 'No (N)'	System	18 Aug 2020 12:34:22

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-18T07:34:17', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '6e033303-3863-4797-a4ca-a963a5aa7a29'	System	18 Aug 2020 12:34:22
User entered 'None (1)'	System	18 Aug 2020 12:34:22

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:49:52

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-18T07:34:19', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '6e033303-3863-4797-a4ca-a963a5aa7a29'	System	18 Aug 2020 12:34:22
User entered '18 Aug 2020 07:34'	System	18 Aug 2020 12:34:22

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '17 Aug 2020 12:00'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '18 Aug 2020 11:59'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-11T13:02:40', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '8420ae21-d5ee-4587-b29b-fd479f47282b'	System	11 Aug 2020 18:03:06
User entered 'None (0)'	System	11 Aug 2020 18:03:06

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-11T13:02:44', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '8420ae21-d5ee-4587-b29b-fd479f47282b'	System	11 Aug 2020 18:03:06
User entered 'None (0)'	System	11 Aug 2020 18:03:06

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-11T13:02:47', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '8420ae21-d5ee-4587-b29b-fd479f47282b'	System	11 Aug 2020 18:03:06
User entered 'None (0)'	System	11 Aug 2020 18:03:06

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-11T13:02:49', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '8420ae21-d5ee-4587-b29b-fd479f47282b'	System	11 Aug 2020 18:03:06
User entered 'None (0)'	System	11 Aug 2020 18:03:06

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-11T13:02:53', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '8420ae21-d5ee-4587-b29b-fd479f47282b'	System	11 Aug 2020 18:03:06
User entered 'None (0)'	System	11 Aug 2020 18:03:06

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-11T13:02:55', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '8420ae21-d5ee-4587-b29b-fd479f47282b'	System	11 Aug 2020 18:03:06
User entered 'None (0)'	System	11 Aug 2020 18:03:06

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-11T13:02:57', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '8420ae21-d5ee-4587-b29b-fd479f47282b'	System	11 Aug 2020 18:03:06
User entered 'No (N)'	System	11 Aug 2020 18:03:06

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-11T13:03:00', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '8420ae21-d5ee-4587-b29b-fd479f47282b'	System	11 Aug 2020 18:03:06
User entered '11 Aug 2020 13:03'	System	11 Aug 2020 18:03:06

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '11 Aug 2020 12:45'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '11 Aug 2020 15:15'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered 'Day 1, after vaccination (at home)'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '11 Aug 2020 16:10'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '12 Aug 2020 11:59'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered 'Day 2'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:49:52

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-13T09:38:06', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'b012fc3f-a608-4dd3-9665-f0fd7ba5126b'	System	13 Aug 2020 14:38:53
User entered 'None (0)'	System	13 Aug 2020 14:38:53

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:49:52

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-13T09:38:11', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'b012fc3f-a608-4dd3-9665-f0fd7ba5126b'	System	13 Aug 2020 14:38:53
User entered 'None (0)'	System	13 Aug 2020 14:38:53

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:49:52

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-13T09:38:18', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'b012fc3f-a608-4dd3-9665-f0fd7ba5126b'	System	13 Aug 2020 14:38:53
User entered 'None (0)'	System	13 Aug 2020 14:38:53

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:49:52

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-13T09:38:24', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'b012fc3f-a608-4dd3-9665-f0fd7ba5126b'	System	13 Aug 2020 14:38:53
User entered 'None (0)'	System	13 Aug 2020 14:38:53

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:49:52

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-13T09:38:29', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'b012fc3f-a608-4dd3-9665-f0fd7ba5126b'	System	13 Aug 2020 14:38:53
User entered 'None (0)'	System	13 Aug 2020 14:38:53

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:49:52

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-13T09:38:39', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'b012fc3f-a608-4dd3-9665-f0fd7ba5126b'	System	13 Aug 2020 14:38:53
User entered 'None (0)'	System	13 Aug 2020 14:38:53

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-13T09:38:45', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'b012fc3f-a608-4dd3-9665-f0fd7ba5126b'	System	13 Aug 2020 14:38:53
User entered 'No (N)'	System	13 Aug 2020 14:38:53

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:49:52

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-13T09:38:48', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'b012fc3f-a608-4dd3-9665-f0fd7ba5126b'	System	13 Aug 2020 14:38:53
User entered '13 Aug 2020 09:38'	System	13 Aug 2020 14:38:53

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '12 Aug 2020 12:00'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '13 Aug 2020 11:59'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered 'Day 3'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:49:52

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-14T07:56:19', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '87cfc266-8700-463d-a41f-afebaeffac60'	System	14 Aug 2020 12:56:51
User entered 'None (0)'	System	14 Aug 2020 12:56:51

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:49:52

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-14T07:56:24', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '87cfc266-8700-463d-a41f-afebaeffac60'	System	14 Aug 2020 12:56:51
User entered 'None (0)'	System	14 Aug 2020 12:56:51

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:49:52

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-14T07:56:27', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '87cfc266-8700-463d-a41f-afebaeffac60'	System	14 Aug 2020 12:56:51
User entered 'None (0)'	System	14 Aug 2020 12:56:51

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:49:52

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-14T07:56:31', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '87cfc266-8700-463d-a41f-afebaeffac60'	System	14 Aug 2020 12:56:51
User entered 'None (0)'	System	14 Aug 2020 12:56:51

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:49:52

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-14T07:56:34', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '87cfc266-8700-463d-a41f-afebaeffac60'	System	14 Aug 2020 12:56:51
User entered 'None (0)'	System	14 Aug 2020 12:56:51

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:49:52

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-14T07:56:37', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '87cfc266-8700-463d-a41f-afebaeffac60'	System	14 Aug 2020 12:56:51
User entered 'None (0)'	System	14 Aug 2020 12:56:51

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-14T07:56:45', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '87cfc266-8700-463d-a41f-afebaeffac60'	System	14 Aug 2020 12:56:51
User entered 'No (N)'	System	14 Aug 2020 12:56:51

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:49:52

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-14T07:56:48', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '87cfc266-8700-463d-a41f-afebaeffac60'	System	14 Aug 2020 12:56:51
User entered '14 Aug 2020 07:56'	System	14 Aug 2020 12:56:51

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '13 Aug 2020 12:00'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '14 Aug 2020 11:59'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered 'Day 4'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:49:52

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-15T10:30:45', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '5c7e2008-c06b-4071-9626-1a0da2fc0dba'	System	15 Aug 2020 15:31:23
User entered 'None (0)'	System	15 Aug 2020 15:31:23

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:49:52

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-15T10:30:49', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '5c7e2008-c06b-4071-9626-1a0da2fc0dba'	System	15 Aug 2020 15:31:23
User entered 'None (0)'	System	15 Aug 2020 15:31:23

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:49:52

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-15T10:30:52', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '5c7e2008-c06b-4071-9626-1a0da2fc0dba'	System	15 Aug 2020 15:31:23
User entered 'None (0)'	System	15 Aug 2020 15:31:23

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:49:52

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-15T10:30:57', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '5c7e2008-c06b-4071-9626-1a0da2fc0dba'	System	15 Aug 2020 15:31:23
User entered 'None (0)'	System	15 Aug 2020 15:31:23

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:49:52

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-15T10:31:01', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '5c7e2008-c06b-4071-9626-1a0da2fc0dba'	System	15 Aug 2020 15:31:23
User entered 'None (0)'	System	15 Aug 2020 15:31:23

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:49:52

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-15T10:31:05', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '5c7e2008-c06b-4071-9626-1a0da2fc0dba'	System	15 Aug 2020 15:31:23
User entered 'None (0)'	System	15 Aug 2020 15:31:23

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-15T10:31:15', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '5c7e2008-c06b-4071-9626-1a0da2fc0dba'	System	15 Aug 2020 15:31:23
User entered 'No (N)'	System	15 Aug 2020 15:31:23

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:49:52

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-15T10:31:18', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '5c7e2008-c06b-4071-9626-1a0da2fc0dba' User entered '15 Aug 2020 10:31'	System	15 Aug 2020 15:31:23
	System	15 Aug 2020 15:31:23

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '14 Aug 2020 12:00'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '15 Aug 2020 11:59'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered 'Day 5'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:49:52

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-16T06:03:51', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '7e0599a3-4ffe-4e05-8259-44628eca5c47'	System	16 Aug 2020 11:04:29
User entered 'None (0)'	System	16 Aug 2020 11:04:29

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:49:52

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-16T06:03:54', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '7e0599a3-4ffe-4e05-8259-44628eca5c47'	System	16 Aug 2020 11:04:29
User entered 'None (0)'	System	16 Aug 2020 11:04:29

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:49:52

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-16T06:03:58', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '7e0599a3-4ffe-4e05-8259-44628eca5c47'	System	16 Aug 2020 11:04:29
User entered 'None (0)'	System	16 Aug 2020 11:04:29

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:49:52

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-16T06:04:02', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '7e0599a3-4ffe-4e05-8259-44628eca5c47'	System	16 Aug 2020 11:04:29
User entered 'None (0)'	System	16 Aug 2020 11:04:29

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:49:52

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-16T06:04:06', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '7e0599a3-4ffe-4e05-8259-44628eca5c47'	System	16 Aug 2020 11:04:29
User entered 'None (0)'	System	16 Aug 2020 11:04:29

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:49:52

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-16T06:04:09', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '7e0599a3-4ffe-4e05-8259-44628eca5c47'	System	16 Aug 2020 11:04:29
User entered 'None (0)'	System	16 Aug 2020 11:04:29

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-16T06:04:23', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '7e0599a3-4ffe-4e05-8259-44628eca5c47'	System	16 Aug 2020 11:04:29
User entered 'No (N)'	System	16 Aug 2020 11:04:29

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:49:52

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-16T06:04:26', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '7e0599a3-4ffe-4e05-8259-44628eca5c47'	System	16 Aug 2020 11:04:29
User entered '16 Aug 2020 06:04'	System	16 Aug 2020 11:04:29

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '15 Aug 2020 12:00'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '16 Aug 2020 11:59'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered 'Day 6'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:49:52

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-16T21:42:40', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'b653e027-c867-4598-98dc-749e11e42994'	System	17 Aug 2020 02:43:08
User entered 'None (0)'	System	17 Aug 2020 02:43:08

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:49:52

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-16T21:42:42', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'b653e027-c867-4598-98dc-749e11e42994'	System	17 Aug 2020 02:43:08
User entered 'None (0)'	System	17 Aug 2020 02:43:08

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:49:52

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-16T21:42:46', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'b653e027-c867-4598-98dc-749e11e42994'	System	17 Aug 2020 02:43:08
User entered 'None (0)'	System	17 Aug 2020 02:43:08

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:49:52

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-16T21:42:49', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'b653e027-c867-4598-98dc-749e11e42994'	System	17 Aug 2020 02:43:08
User entered 'None (0)'	System	17 Aug 2020 02:43:08

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:49:52

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-16T21:42:51', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'b653e027-c867-4598-98dc-749e11e42994'	System	17 Aug 2020 02:43:08
User entered 'None (0)'	System	17 Aug 2020 02:43:08

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:49:52

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-16T21:42:54', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'b653e027-c867-4598-98dc-749e11e42994'	System	17 Aug 2020 02:43:08
User entered 'None (0)'	System	17 Aug 2020 02:43:08

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-16T21:43:01', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'b653e027-c867-4598-98dc-749e11e42994'	System	17 Aug 2020 02:43:08
User entered 'No (N)'	System	17 Aug 2020 02:43:08

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:49:52

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-16T21:43:03', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'b653e027-c867-4598-98dc-749e11e42994'	System	17 Aug 2020 02:43:08
User entered '16 Aug 2020 21:43'	System	17 Aug 2020 02:43:08

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '16 Aug 2020 12:00'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '17 Aug 2020 11:59'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered 'Day 7'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:49:52

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-18T07:34:24', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '1da41061-3c5c-4669-b7c0-fedbed57a4e1'	System	18 Aug 2020 12:34:59
User entered 'None (0)'	System	18 Aug 2020 12:34:59

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:49:52

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-18T07:34:27', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '1da41061-3c5c-4669-b7c0-fedbed57a4e1'	System	18 Aug 2020 12:34:59
User entered 'None (0)'	System	18 Aug 2020 12:34:59

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:49:52

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-18T07:34:32', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '1da41061-3c5c-4669-b7c0-fedbed57a4e1'	System	18 Aug 2020 12:34:59
User entered 'None (0)'	System	18 Aug 2020 12:34:59

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:49:52

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-18T07:34:36', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '1da41061-3c5c-4669-b7c0-fedbed57a4e1'	System	18 Aug 2020 12:34:59
User entered 'None (0)'	System	18 Aug 2020 12:34:59

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:49:52

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-18T07:34:40', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '1da41061-3c5c-4669-b7c0-fedbed57a4e1'	System	18 Aug 2020 12:34:59
User entered 'None (0)'	System	18 Aug 2020 12:34:59

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:49:52

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-18T07:34:42', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '1da41061-3c5c-4669-b7c0-fedbed57a4e1'	System	18 Aug 2020 12:34:59
User entered 'None (0)'	System	18 Aug 2020 12:34:59

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-18T07:34:55', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '1da41061-3c5c-4669-b7c0-fedbed57a4e1'	System	18 Aug 2020 12:34:59
User entered 'No (N)'	System	18 Aug 2020 12:34:59

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:49:52

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-08-18T07:34:57', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '1da41061-3c5c-4669-b7c0-fedbed57a4e1'	System	18 Aug 2020 12:34:59
User entered '18 Aug 2020 07:34'	System	18 Aug 2020 12:34:59

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '17 Aug 2020 12:00'	System	11 Aug 2020 18:01:00

US3252119

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '18 Aug 2020 11:59'	System	11 Aug 2020 18:01:00

US3252119

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	20 Aug 2020 20:20:13

US3252119

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
User entered '19 Aug 2020'	Shannon Moyer (b) (4) (b) (4)	20 Aug 2020 20:20:13

US3252119

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Shannon Moyer (b) (4) (b) (4)	20 Aug 2020 20:20:13

US3252119

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	20 Aug 2020 20:20:13

US3252119

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:49:52

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	20 Aug 2020 20:20:20

US3252119

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:49:52

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	20 Aug 2020 20:20:20

US3252119

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	26 Aug 2020 15:54:50

US3252119

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
User entered '25 Aug 2020'	Shannon Moyer (b) (4) (b) (4)	26 Aug 2020 15:54:50

US3252119

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Shannon Moyer (b) (4) (b) (4)	26 Aug 2020 15:54:50

US3252119

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	26 Aug 2020 15:54:50

US3252119

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:49:52

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	26 Aug 2020 15:54:57

US3252119

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:49:52

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	26 Aug 2020 15:54:57

US3252119

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	02 Sep 2020 21:03:23

US3252119

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
User entered '01 Sep 2020'	Shannon Moyer (b) (4) (b) (4)	02 Sep 2020 21:03:23

US3252119

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Shannon Moyer (b) (4) (b) (4)	02 Sep 2020 21:03:23

US3252119

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	02 Sep 2020 21:03:23

US3252119

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:49:52

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	02 Sep 2020 21:03:29

US3252119

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:49:52

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	02 Sep 2020 21:03:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:49:52

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:25:23

US3252119

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:49:52

[Visit date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered '8 Sep 2020'	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:25:23

US3252119

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:49:52

Was visit performed at the participant's home or at the clinic?

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:25:23

US3252119

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:49:52

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'VISIT2'	System	09 Sep 2020 05:25:23

US3252119

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:49:52

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Pre-Dose (PREDOSE)'	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:27:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:49:52

Were vital signs assessed?

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:27:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:49:52

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '8 Sep 2020'	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:27:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:49:52

[Time of assessment \(00:00-23:59\)](#)

Audit	User	Time (GMT)
User entered '13:32' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Sep 2020 21:27:02
User entered '13:31'	Shannon Moyer (b) (4)	09 Sep 2020 05:27:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:49:52

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '8 Sep 2020 13:32'	System	09 Sep 2020 21:27:02
User entered '8 Sep 2020 13:31'	System	09 Sep 2020 05:27:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:49:52

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '97.8' F	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:27:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:49:52

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:27:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:49:52

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:27:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:49:52

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '87'	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:27:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:49:52

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	09 Sep 2020 05:27:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:49:52

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
User entered '15'	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:27:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:49:52

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	09 Sep 2020 05:27:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:49:52

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '115'	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:27:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:49:52

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	09 Sep 2020 05:27:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:49:52

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '80'	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:27:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:49:52

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	09 Sep 2020 05:27:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:49:52

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Post-Dose (POSTDOSE)'	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:27:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:49:52

Were vital signs assessed?

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:27:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:49:52

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '8 Sep 2020'	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:27:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:49:52

Time of assessment (00:00-23:59)

Audit	User	Time (GMT)
User entered '15:18'	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:27:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:49:52

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '8 Sep 2020 15:18'	System	09 Sep 2020 05:27:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:49:52

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '97.8' F	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:27:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:49:52

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:27:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:49:52

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:27:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:49:52

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '82'	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:27:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:49:52

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	09 Sep 2020 05:27:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:49:52

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
User entered '15'	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:27:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:49:52

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	09 Sep 2020 05:27:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:49:52

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '110'	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:27:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:49:52

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	09 Sep 2020 05:27:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:49:52

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '72'	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:27:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:49:52

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	09 Sep 2020 05:27:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:49:52

Was the physical examination performed?

Audit	User	Time (GMT)
User entered 'No (N)'	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:27:44

US3252119

Folder: Visit 2 Day 29 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:49:52

Date of examination (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:27:44

US3252119

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:49:52

[Was study treatment given?](#)

Audit	User	Time (GMT)
User closed query 'Data is required. Please complete.' (Site from System).	System	09 Sep 2020 05:28:00
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	09 Sep 2020 05:28:00
User entered 'Yes (Y)' reason for change: Data Entry Error	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:28:00
User opened query 'Data is required. Please complete.' (Site from System).	System	08 Sep 2020 20:13:08
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	08 Sep 2020 20:13:08

US3252119

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:49:52

If No, reason not given

Audit	User	Time (GMT)
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	08 Sep 2020 20:13:08

US3252119

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:49:52

If reason is Physician Decision, Withdrawal of Consent by Participant, Protocol Deviation, or Other, specify

Audit	User	Time (GMT)
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	08 Sep 2020 20:13:08

US3252119

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:49:52

[What was the study treatment?](#)

Audit	User	Time (GMT)
User entered 'MRNA-1273 OR PLACEBO'	System	09 Sep 2020 05:28:00
User entered empty.	System	08 Sep 2020 20:13:08

US3252119

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:49:52

What was the treatment date? (dd MMM yyyy)

Audit	User	Time (GMT)
User entered '8 Sep 2020'	Joanna Gurrola (b) (4) (b) (4)	08 Sep 2020 20:13:08

US3252119

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:49:52

[What was the treatment time? \(00:00-23:59\)](#)

Audit	User	Time (GMT)
User entered '14:41'	Joanna Gurrola (b) (4) (b) (4)	08 Sep 2020 20:13:08

US3252119

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:49:52

[Treatment Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '8 Sep 2020 14:41'	System	08 Sep 2020 20:13:08

US3252119

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:49:52

Which arm was used to give treatment?

Audit	User	Time (GMT)
User entered 'Left Arm (LEFT ARM)'	Joanna Gurrola (b) (4) (b) (4)	08 Sep 2020 20:13:08

US3252119

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:49:52

[What was the frequency of the study treatment dosing?](#)

Audit	User	Time (GMT)
User entered 'ONCE'	System	09 Sep 2020 05:28:00
User entered empty.	System	08 Sep 2020 20:13:08

US3252119

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:49:52

[What was the route of administration for the study treatment?](#)

Audit	User	Time (GMT)
User entered 'INTRAMUSCULAR'	System	09 Sep 2020 05:28:00
User entered empty.	System	08 Sep 2020 20:13:08

US3252119

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:49:52

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:28:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:49:52

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '8 Sep 2020'	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:28:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:49:52

[Collection time \(00:00-23:59\)](#)

Audit	User	Time (GMT)
User entered '14:15'	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:28:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:49:52

[Collection date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered '8 Sep 2020 14:15'	System	09 Sep 2020 05:28:29

US3252119

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 10:49:52

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '8 Sep 2020'	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:28:54

US3252119

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:49:52

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 1 (NASAL1)'	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:28:54

US3252119

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:49:52

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:28:54

US3252119

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:49:52

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
User entered '13:41'	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:28:54

US3252119

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:49:52

[Collection date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered '8 Sep 2020 13:41'	System	09 Sep 2020 05:28:54

US3252119

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:49:52

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 2 (NASAL2)'	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:28:54

US3252119

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:49:52

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:28:54

US3252119

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:49:52

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:28:54

US3252119

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:49:52

[Collection date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	09 Sep 2020 05:28:54

US3252119

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:49:52

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	09 Sep 2020 05:29:00

US3252119

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:49:52

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	09 Sep 2020 05:29:00

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	08 Sep 2020 20:13:08
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-08T15:21:11', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'd8dea690-95aa-4fdc-9c54-0d0e52610e5a'	System	08 Sep 2020 20:21:29
User entered 'Yes (Y)'	System	08 Sep 2020 20:21:29

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-08T15:21:16', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'd8dea690-95aa-4fdc-9c54-0d0e52610e5a' User entered '97.8'	System	08 Sep 2020 20:21:29
	System	08 Sep 2020 20:21:29

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-08T15:21:21', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'd8dea690-95aa-4fdc-9c54-0d0e52610e5a'	System	08 Sep 2020 20:21:29
User entered 'No (N)'	System	08 Sep 2020 20:21:29

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-08T15:21:27', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'd8dea690-95aa-4fdc-9c54-0d0e52610e5a'	System	08 Sep 2020 20:21:29
User entered '08 Sep 2020 15:21'	System	08 Sep 2020 20:21:29

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '08 Sep 2020 15:01'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '08 Sep 2020 17:31'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	08 Sep 2020 20:13:08
User entered 'Day 1, after vaccination (at home)'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-08T20:11:01', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '12557a42-1812-403a-86fd-38c6318b4a34'	System	09 Sep 2020 01:11:22
User entered 'Yes (Y)'	System	09 Sep 2020 01:11:22

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-08T20:11:11', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '12557a42-1812-403a-86fd-38c6318b4a34'	System	09 Sep 2020 01:11:22
User entered '97.2'	System	09 Sep 2020 01:11:22

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-08T20:11:16', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '12557a42-1812-403a-86fd-38c6318b4a34'	System	09 Sep 2020 01:11:22
User entered 'No (N)'	System	09 Sep 2020 01:11:22

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-08T20:11:19', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '12557a42-1812-403a-86fd-38c6318b4a34'	System	09 Sep 2020 01:11:22
User entered '08 Sep 2020 20:11'	System	09 Sep 2020 01:11:22

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '08 Sep 2020 18:26'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '09 Sep 2020 11:59'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	08 Sep 2020 20:13:08
User entered 'Day 2'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:49:52

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-09T21:23:31', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'c8fe2d21-078d-4054-ad73-b1285c132561'	System	10 Sep 2020 02:23:53
User entered 'Yes (Y)'	System	10 Sep 2020 02:23:53

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:49:52

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-09T21:23:41', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'c8fe2d21-078d-4054-ad73-b1285c132561' User entered '97.3'	System	10 Sep 2020 02:23:53

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-09T21:23:47', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'c8fe2d21-078d-4054-ad73-b1285c132561'	System	10 Sep 2020 02:23:53
User entered 'No (N)'	System	10 Sep 2020 02:23:53

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:49:52

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-09T21:23:50', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'c8fe2d21-078d-4054-ad73-b1285c132561'	System	10 Sep 2020 02:23:53
User entered '09 Sep 2020 21:23'	System	10 Sep 2020 02:23:53

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '09 Sep 2020 12:00'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '10 Sep 2020 11:59'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	08 Sep 2020 20:13:08
User entered 'Day 3'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:49:52

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-10T22:50:44', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '18616921-ef3d-4395-869d-18e2748f9e43'	System	11 Sep 2020 03:51:12
User entered 'Yes (Y)'	System	11 Sep 2020 03:51:12

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:49:52

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-10T22:50:53', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '18616921-ef3d-4395-869d-18e2748f9e43'	System	11 Sep 2020 03:51:12
User entered '96.9'	System	11 Sep 2020 03:51:12

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-10T22:50:58', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '18616921-ef3d-4395-869d-18e2748f9e43'	System	11 Sep 2020 03:51:12
User entered 'No (N)'	System	11 Sep 2020 03:51:12

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:49:52

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-10T22:51:09', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '18616921-ef3d-4395-869d-18e2748f9e43'	System	11 Sep 2020 03:51:12
User entered '10 Sep 2020 22:51'	System	11 Sep 2020 03:51:12

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '10 Sep 2020 12:00'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '11 Sep 2020 11:59'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	08 Sep 2020 20:13:08
User entered 'Day 4'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '11 Sep 2020 12:00'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '12 Sep 2020 11:59'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	08 Sep 2020 20:13:08
User entered 'Day 5'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '12 Sep 2020 12:00'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '13 Sep 2020 11:59'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	08 Sep 2020 20:13:08
User entered 'Day 6'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:49:52

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-14T07:11:58', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '5cf2e095-f561-44f2-bd92-7a53f90f536a'	System	14 Sep 2020 12:12:24
User entered 'Yes (Y)'	System	14 Sep 2020 12:12:24

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:49:52

Please record your **TEMPERATURE in °F**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-14T07:12:14', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '5cf2e095-f561-44f2-bd92-7a53f90f536a' User entered '96.9'	System	14 Sep 2020 12:12:24

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-14T07:12:19', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '5cf2e095-f561-44f2-bd92-7a53f90f536a'	System	14 Sep 2020 12:12:24
User entered 'No (N)'	System	14 Sep 2020 12:12:24

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:49:52

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-14T07:12:22', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '5cf2e095-f561-44f2-bd92-7a53f90f536a' User entered '14 Sep 2020 07:12'	System	14 Sep 2020 12:12:24
	System	14 Sep 2020 12:12:24

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '13 Sep 2020 12:00'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '14 Sep 2020 11:59'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	08 Sep 2020 20:13:08
User entered 'Day 7'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:49:52

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-14T20:33:42', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '74c520fd-b551-42e5-b288-f29ce29de66c'	System	15 Sep 2020 01:34:12
User entered 'Yes (Y)'	System	15 Sep 2020 01:34:12

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:49:52

Please record your **TEMPERATURE in °F**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-14T20:34:01', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '74c520fd-b551-42e5-b288-f29ce29de66c'	System	15 Sep 2020 01:34:12
User entered '96.7'	System	15 Sep 2020 01:34:12

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-14T20:34:05', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '74c520fd-b551-42e5-b288-f29ce29de66c'	System	15 Sep 2020 01:34:12
User entered 'No (N)'	System	15 Sep 2020 01:34:12

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:49:52

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-14T20:34:10', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '74c520fd-b551-42e5-b288-f29ce29de66c'	System	15 Sep 2020 01:34:12
User entered '14 Sep 2020 20:34'	System	15 Sep 2020 01:34:12

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '14 Sep 2020 12:00'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '15 Sep 2020 11:59'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	08 Sep 2020 20:13:08
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-08T15:21:34', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'f9ef1547-7341-41e3-9eef-c0837b769e5f'	System	08 Sep 2020 20:22:05
User entered 'None (1)'	System	08 Sep 2020 20:22:05

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-08T15:21:45', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'f9ef1547-7341-41e3-9eef-c0837b769e5f'	System	08 Sep 2020 20:22:05
User entered 'No (N)'	System	08 Sep 2020 20:22:05

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-08T15:21:48', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'f9ef1547-7341-41e3-9eef-c0837b769e5f'	System	08 Sep 2020 20:22:05
User entered 'No (N)'	System	08 Sep 2020 20:22:05

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-08T15:21:58', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'f9ef1547-7341-41e3-9eef-c0837b769e5f'	System	08 Sep 2020 20:22:05
User entered 'None (1)'	System	08 Sep 2020 20:22:05

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-08T15:22:01', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'f9ef1547-7341-41e3-9eef-c0837b769e5f' User entered '08 Sep 2020 15:22'	System	08 Sep 2020 20:22:05
	System	08 Sep 2020 20:22:05

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '08 Sep 2020 15:01'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '08 Sep 2020 17:31'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	08 Sep 2020 20:13:08
User entered 'Day 1, after vaccination (at home)'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-08T20:11:29', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'c5b1c6a9-4c18-4841-a34f-8994797bcf79'	System	09 Sep 2020 01:11:49
User entered 'None (1)'	System	09 Sep 2020 01:11:49

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-08T20:11:33', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'c5b1c6a9-4c18-4841-a34f-8994797bcf79'	System	09 Sep 2020 01:11:49
User entered 'No (N)'	System	09 Sep 2020 01:11:49

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-08T20:11:38', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'c5b1c6a9-4c18-4841-a34f-8994797bcf79'	System	09 Sep 2020 01:11:49
User entered 'No (N)'	System	09 Sep 2020 01:11:49

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-08T20:11:43', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'c5b1c6a9-4c18-4841-a34f-8994797bcf79'	System	09 Sep 2020 01:11:49
User entered 'None (1)'	System	09 Sep 2020 01:11:49

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-08T20:11:45', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'c5b1c6a9-4c18-4841-a34f-8994797bcf79'	System	09 Sep 2020 01:11:49
User entered '08 Sep 2020 20:11'	System	09 Sep 2020 01:11:49

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '08 Sep 2020 18:26'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '09 Sep 2020 11:59'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	08 Sep 2020 20:13:08
User entered 'Day 2'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-09T21:24:01', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '420d9b62-02b6-4059-9127-84936f362f37'	System	10 Sep 2020 02:24:23
User entered 'None (1)'	System	10 Sep 2020 02:24:23

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-09T21:24:06', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '420d9b62-02b6-4059-9127-84936f362f37'	System	10 Sep 2020 02:24:23
User entered 'No (N)'	System	10 Sep 2020 02:24:23

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-09T21:24:09', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '420d9b62-02b6-4059-9127-84936f362f37'	System	10 Sep 2020 02:24:23
User entered 'No (N)'	System	10 Sep 2020 02:24:23

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-09T21:24:18', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '420d9b62-02b6-4059-9127-84936f362f37'	System	10 Sep 2020 02:24:23
User entered 'None (1)'	System	10 Sep 2020 02:24:23

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:49:52

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-09T21:24:21', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '420d9b62-02b6-4059-9127-84936f362f37'	System	10 Sep 2020 02:24:23
User entered '09 Sep 2020 21:24'	System	10 Sep 2020 02:24:23

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '09 Sep 2020 12:00'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '10 Sep 2020 11:59'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	08 Sep 2020 20:13:08
User entered 'Day 3'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-10T22:51:22', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'e31fd6c1-1a6d-430c-8883-00daca2f0de5'	System	11 Sep 2020 03:51:40
User entered 'None (1)'	System	11 Sep 2020 03:51:40

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-10T22:51:27', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'e31fd6c1-1a6d-430c-8883-00daca2f0de5'	System	11 Sep 2020 03:51:40
User entered 'No (N)'	System	11 Sep 2020 03:51:40

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-10T22:51:31', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'e31fd6c1-1a6d-430c-8883-00daca2f0de5'	System	11 Sep 2020 03:51:40
User entered 'No (N)'	System	11 Sep 2020 03:51:40

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-10T22:51:35', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'e31fd6c1-1a6d-430c-8883-00daca2f0de5'	System	11 Sep 2020 03:51:40
User entered 'None (1)'	System	11 Sep 2020 03:51:40

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:49:52

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-10T22:51:37', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'e31fd6c1-1a6d-430c-8883-00daca2f0de5'	System	11 Sep 2020 03:51:40
User entered '10 Sep 2020 22:51'	System	11 Sep 2020 03:51:40

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '10 Sep 2020 12:00'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '11 Sep 2020 11:59'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	08 Sep 2020 20:13:08
User entered 'Day 4'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '11 Sep 2020 12:00'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '12 Sep 2020 11:59'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	08 Sep 2020 20:13:08
User entered 'Day 5'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '12 Sep 2020 12:00'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '13 Sep 2020 11:59'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	08 Sep 2020 20:13:08
User entered 'Day 6'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-14T07:12:29', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '59f797b8-8655-4976-96f7-6e471dd66c83'	System	14 Sep 2020 12:12:44
User entered 'None (1)'	System	14 Sep 2020 12:12:44

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-14T07:12:33', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '59f797b8-8655-4976-96f7-6e471dd66c83'	System	14 Sep 2020 12:12:44
User entered 'No (N)'	System	14 Sep 2020 12:12:44

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-14T07:12:36', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '59f797b8-8655-4976-96f7-6e471dd66c83'	System	14 Sep 2020 12:12:44
User entered 'No (N)'	System	14 Sep 2020 12:12:44

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-14T07:12:40', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '59f797b8-8655-4976-96f7-6e471dd66c83'	System	14 Sep 2020 12:12:44
User entered 'None (1)'	System	14 Sep 2020 12:12:44

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:49:52

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-14T07:12:42', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '59f797b8-8655-4976-96f7-6e471dd66c83'	System	14 Sep 2020 12:12:44
User entered '14 Sep 2020 07:12'	System	14 Sep 2020 12:12:44

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '13 Sep 2020 12:00'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '14 Sep 2020 11:59'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	08 Sep 2020 20:13:08
User entered 'Day 7'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-14T20:34:16', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '457e9709-bd5e-4c95-aa03-409920792851'	System	15 Sep 2020 01:34:38
User entered 'None (1)'	System	15 Sep 2020 01:34:38

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-14T20:34:20', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '457e9709-bd5e-4c95-aa03-409920792851'	System	15 Sep 2020 01:34:38
User entered 'No (N)'	System	15 Sep 2020 01:34:38

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-14T20:34:26', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '457e9709-bd5e-4c95-aa03-409920792851'	System	15 Sep 2020 01:34:38
User entered 'No (N)'	System	15 Sep 2020 01:34:38

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-14T20:34:34', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '457e9709-bd5e-4c95-aa03-409920792851'	System	15 Sep 2020 01:34:38
User entered 'None (1)'	System	15 Sep 2020 01:34:38

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:49:52

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-14T20:34:36', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '457e9709-bd5e-4c95-aa03-409920792851'	System	15 Sep 2020 01:34:38
User entered '14 Sep 2020 20:34'	System	15 Sep 2020 01:34:38

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '14 Sep 2020 12:00'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '15 Sep 2020 11:59'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	08 Sep 2020 20:13:08
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-08T15:22:09', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '6f9877ba-3416-4b7e-89a3-acffe1825181' User entered 'None (0)'	System	08 Sep 2020 20:22:31
	System	08 Sep 2020 20:22:31

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-08T15:22:11', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '6f9877ba-3416-4b7e-89a3-acffe1825181' User entered 'None (0)'	System	08 Sep 2020 20:22:31
	System	08 Sep 2020 20:22:31

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-08T15:22:13', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '6f9877ba-3416-4b7e-89a3-acffe1825181'	System	08 Sep 2020 20:22:31
User entered 'None (0)'	System	08 Sep 2020 20:22:31

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-08T15:22:16', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '6f9877ba-3416-4b7e-89a3-acffe1825181'	System	08 Sep 2020 20:22:31
User entered 'None (0)'	System	08 Sep 2020 20:22:31

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-08T15:22:19', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '6f9877ba-3416-4b7e-89a3-acffe1825181'	System	08 Sep 2020 20:22:31
User entered 'None (0)'	System	08 Sep 2020 20:22:31

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-08T15:22:22', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '6f9877ba-3416-4b7e-89a3-acffe1825181'	System	08 Sep 2020 20:22:31
User entered 'None (0)'	System	08 Sep 2020 20:22:31

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-08T15:22:27', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '6f9877ba-3416-4b7e-89a3-acffe1825181'	System	08 Sep 2020 20:22:31
User entered 'No (N)'	System	08 Sep 2020 20:22:31

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-08T15:22:29', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '6f9877ba-3416-4b7e-89a3-acffe1825181' User entered '08 Sep 2020 15:22'	System	08 Sep 2020 20:22:31
	System	08 Sep 2020 20:22:31

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '08 Sep 2020 15:01'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '08 Sep 2020 17:31'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	08 Sep 2020 20:13:08
User entered 'Day 1, after vaccination (at home)'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-08T20:11:53', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '09176707-572f-4c46-b4e9-f211d3c969c7'	System	09 Sep 2020 01:12:39
User entered 'None (0)'	System	09 Sep 2020 01:12:39

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-08T20:11:58', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '09176707-572f-4c46-b4e9-f211d3c969c7'	System	09 Sep 2020 01:12:39
User entered 'None (0)'	System	09 Sep 2020 01:12:39

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-08T20:12:04', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '09176707-572f-4c46-b4e9-f211d3c969c7'	System	09 Sep 2020 01:12:39
User entered 'None (0)'	System	09 Sep 2020 01:12:39

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-08T20:12:09', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '09176707-572f-4c46-b4e9-f211d3c969c7'	System	09 Sep 2020 01:12:39
User entered 'None (0)'	System	09 Sep 2020 01:12:39

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-08T20:12:13', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '09176707-572f-4c46-b4e9-f211d3c969c7'	System	09 Sep 2020 01:12:39
User entered 'None (0)'	System	09 Sep 2020 01:12:39

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-08T20:12:25', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '09176707-572f-4c46-b4e9-f211d3c969c7'	System	09 Sep 2020 01:12:39
User entered 'None (0)'	System	09 Sep 2020 01:12:39

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-08T20:12:34', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '09176707-572f-4c46-b4e9-f211d3c969c7'	System	09 Sep 2020 01:12:39
User entered 'No (N)'	System	09 Sep 2020 01:12:39

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-08T20:12:36', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '09176707-572f-4c46-b4e9-f211d3c969c7'	System	09 Sep 2020 01:12:39
User entered '08 Sep 2020 20:12'	System	09 Sep 2020 01:12:39

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '08 Sep 2020 18:26'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '09 Sep 2020 11:59'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	08 Sep 2020 20:13:08
User entered 'Day 2'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:49:52

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-09T21:24:27', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'e17029b7-d63c-4e32-9b50-d80acaa4a9e5'	System	10 Sep 2020 02:24:54
User entered 'None (0)'	System	10 Sep 2020 02:24:54

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:49:52

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-09T21:24:29', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'e17029b7-d63c-4e32-9b50-d80acaa4a9e5'	System	10 Sep 2020 02:24:54
User entered 'None (0)'	System	10 Sep 2020 02:24:54

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:49:52

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-09T21:24:34', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'e17029b7-d63c-4e32-9b50-d80acaa4a9e5'	System	10 Sep 2020 02:24:54
User entered 'None (0)'	System	10 Sep 2020 02:24:54

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:49:52

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-09T21:24:37', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'e17029b7-d63c-4e32-9b50-d80acaa4a9e5'	System	10 Sep 2020 02:24:54
User entered 'None (0)'	System	10 Sep 2020 02:24:54

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:49:52

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-09T21:24:40', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'e17029b7-d63c-4e32-9b50-d80acaa4a9e5'	System	10 Sep 2020 02:24:54
User entered 'None (0)'	System	10 Sep 2020 02:24:54

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:49:52

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-09T21:24:42', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'e17029b7-d63c-4e32-9b50-d80acaa4a9e5'	System	10 Sep 2020 02:24:54
User entered 'None (0)'	System	10 Sep 2020 02:24:54

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-09T21:24:49', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'e17029b7-d63c-4e32-9b50-d80acaa4a9e5'	System	10 Sep 2020 02:24:54
User entered 'No (N)'	System	10 Sep 2020 02:24:54

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:49:52

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-09T21:24:51', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'e17029b7-d63c-4e32-9b50-d80acaa4a9e5'	System	10 Sep 2020 02:24:54
User entered '09 Sep 2020 21:24'	System	10 Sep 2020 02:24:54

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '09 Sep 2020 12:00'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '10 Sep 2020 11:59'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	08 Sep 2020 20:13:08
User entered 'Day 3'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:49:52

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-10T22:51:43', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '6f4236e6-6bd7-4d90-ac4e-e71b4a33f0f8'	System	11 Sep 2020 03:52:08
User entered 'None (0)'	System	11 Sep 2020 03:52:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:49:52

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-10T22:51:45', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '6f4236e6-6bd7-4d90-ac4e-e71b4a33f0f8'	System	11 Sep 2020 03:52:08
User entered 'None (0)'	System	11 Sep 2020 03:52:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:49:52

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-10T22:51:49', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '6f4236e6-6bd7-4d90-ac4e-e71b4a33f0f8'	System	11 Sep 2020 03:52:08
User entered 'None (0)'	System	11 Sep 2020 03:52:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:49:52

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-10T22:51:52', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '6f4236e6-6bd7-4d90-ac4e-e71b4a33f0f8'	System	11 Sep 2020 03:52:08
User entered 'None (0)'	System	11 Sep 2020 03:52:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:49:52

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-10T22:51:55', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '6f4236e6-6bd7-4d90-ac4e-e71b4a33f0f8'	System	11 Sep 2020 03:52:08
User entered 'None (0)'	System	11 Sep 2020 03:52:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:49:52

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-10T22:51:58', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '6f4236e6-6bd7-4d90-ac4e-e71b4a33f0f8'	System	11 Sep 2020 03:52:08
User entered 'None (0)'	System	11 Sep 2020 03:52:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-10T22:52:04', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '6f4236e6-6bd7-4d90-ac4e-e71b4a33f0f8'	System	11 Sep 2020 03:52:08
User entered 'No (N)'	System	11 Sep 2020 03:52:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:49:52

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-10T22:52:06', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '6f4236e6-6bd7-4d90-ac4e-e71b4a33f0f8'	System	11 Sep 2020 03:52:08
User entered '10 Sep 2020 22:52'	System	11 Sep 2020 03:52:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '10 Sep 2020 12:00'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '11 Sep 2020 11:59'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	08 Sep 2020 20:13:08
User entered 'Day 4'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '11 Sep 2020 12:00'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '12 Sep 2020 11:59'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	08 Sep 2020 20:13:08
User entered 'Day 5'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '12 Sep 2020 12:00'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '13 Sep 2020 11:59'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	08 Sep 2020 20:13:08
User entered 'Day 6'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:49:52

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-14T07:12:48', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '7c9162e7-30f2-43b0-9bef-cfc200214da1'	System	14 Sep 2020 12:13:12
User entered 'None (0)'	System	14 Sep 2020 12:13:12

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:49:52

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-14T07:12:50', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '7c9162e7-30f2-43b0-9bef-cfc200214da1'	System	14 Sep 2020 12:13:12
User entered 'None (0)'	System	14 Sep 2020 12:13:12

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:49:52

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-14T07:12:52', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '7c9162e7-30f2-43b0-9bef-cfc200214da1'	System	14 Sep 2020 12:13:12
User entered 'None (0)'	System	14 Sep 2020 12:13:12

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:49:52

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-14T07:12:54', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '7c9162e7-30f2-43b0-9bef-cfc200214da1'	System	14 Sep 2020 12:13:12
User entered 'None (0)'	System	14 Sep 2020 12:13:12

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:49:52

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-14T07:12:57', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '7c9162e7-30f2-43b0-9bef-cfc200214da1'	System	14 Sep 2020 12:13:12
User entered 'None (0)'	System	14 Sep 2020 12:13:12

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:49:52

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-14T07:13:00', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '7c9162e7-30f2-43b0-9bef-cfc200214da1'	System	14 Sep 2020 12:13:12
User entered 'None (0)'	System	14 Sep 2020 12:13:12

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-14T07:13:05', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '7c9162e7-30f2-43b0-9bef-cfc200214da1'	System	14 Sep 2020 12:13:12
User entered 'No (N)'	System	14 Sep 2020 12:13:12

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:49:52

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-14T07:13:07', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '7c9162e7-30f2-43b0-9bef-cfc200214da1'	System	14 Sep 2020 12:13:12
User entered '14 Sep 2020 07:13'	System	14 Sep 2020 12:13:12

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '13 Sep 2020 12:00'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '14 Sep 2020 11:59'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	08 Sep 2020 20:13:08
User entered 'Day 7'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:49:52

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-14T20:34:41', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '0a1a073f-3eef-456c-a912-4951e856204a'	System	15 Sep 2020 01:35:08
User entered 'None (0)'	System	15 Sep 2020 01:35:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:49:52

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-14T20:34:43', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '0a1a073f-3eef-456c-a912-4951e856204a' User entered 'None (0)'	System	15 Sep 2020 01:35:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:49:52

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-14T20:34:47', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '0a1a073f-3eef-456c-a912-4951e856204a'	System	15 Sep 2020 01:35:08
User entered 'None (0)'	System	15 Sep 2020 01:35:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:49:52

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-14T20:34:51', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '0a1a073f-3eef-456c-a912-4951e856204a' User entered 'None (0)'	System	15 Sep 2020 01:35:08
	System	15 Sep 2020 01:35:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:49:52

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-14T20:34:54', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '0a1a073f-3eef-456c-a912-4951e856204a'	System	15 Sep 2020 01:35:08
User entered 'None (0)'	System	15 Sep 2020 01:35:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:49:52

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-14T20:34:56', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '0a1a073f-3eef-456c-a912-4951e856204a'	System	15 Sep 2020 01:35:08
User entered 'None (0)'	System	15 Sep 2020 01:35:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-14T20:35:04', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '0a1a073f-3eef-456c-a912-4951e856204a'	System	15 Sep 2020 01:35:08
User entered 'No (N)'	System	15 Sep 2020 01:35:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:49:52

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-09-14T20:35:06', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '0a1a073f-3eef-456c-a912-4951e856204a' User entered '14 Sep 2020 20:35'	System	15 Sep 2020 01:35:08
	System	15 Sep 2020 01:35:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:49:52

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '14 Sep 2020 12:00'	System	08 Sep 2020 20:13:08

US3252119

Folder: Diary Dose 2 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:49:52

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '15 Sep 2020 11:59'	System	08 Sep 2020 20:13:08

US3252119

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Nancy Torrence (b) (4) (b) (4)	16 Sep 2020 04:17:35

US3252119

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
User entered '15 Sep 2020'	Nancy Torrence (b) (4) (b) (4)	16 Sep 2020 04:17:35

US3252119

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Nancy Torrence (b) (4) (b) (4)	16 Sep 2020 04:17:35

US3252119

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Nancy Torrence (b) (4) (b) (4)	16 Sep 2020 04:17:35

US3252119

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:49:52

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Nancy Torrence (b) (4) (b) (4)	16 Sep 2020 04:17:41

US3252119

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:49:52

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	16 Sep 2020 04:17:41

US3252119

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Nancy Torrence (b) (4) (b) (4)	25 Sep 2020 04:28:08

US3252119

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
User entered '24 Sep 2020'	Nancy Torrence (b) (4) (b) (4)	25 Sep 2020 04:28:08

US3252119

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Nancy Torrence (b) (4) (b) (4)	25 Sep 2020 04:28:08

US3252119

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Nancy Torrence (b) (4) (b) (4)	25 Sep 2020 04:28:08

US3252119

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:49:52

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Nancy Torrence (b) (4) (b) (4)	25 Sep 2020 04:28:10

US3252119

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:49:52

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	25 Sep 2020 04:28:10

US3252119

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Nancy Torrence (b) (4) (b) (4)	30 Sep 2020 04:58:30

US3252119

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
User entered '29 Sep 2020'	Nancy Torrence (b) (4) (b) (4)	30 Sep 2020 04:58:30

US3252119

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Nancy Torrence (b) (4) (b) (4)	30 Sep 2020 04:58:30

US3252119

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Nancy Torrence (b) (4) (b) (4)	30 Sep 2020 04:58:30

US3252119

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:49:52

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Nancy Torrence (b) (4) (b) (4)	30 Sep 2020 04:58:35

US3252119

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:49:52

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	30 Sep 2020 04:58:35

US3252119

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:49:52

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Nancy Torrence (b) (4) (b) (4)	08 Oct 2020 06:01:18

US3252119

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:49:52

[Visit date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered '7 Oct 2020'	Nancy Torrence (b) (4) (b) (4)	08 Oct 2020 06:01:18

US3252119

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:49:52

Was visit performed at the participant's home or at the clinic?

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	Nancy Torrence (b) (4) (b) (4)	08 Oct 2020 06:01:18

US3252119

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:49:52

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'VISIT3'	System	08 Oct 2020 06:01:18

US3252119

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

Were vital signs assessed?

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Nancy Torrence (b) (4) (b) (4)	08 Oct 2020 06:02:10

US3252119

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '7 Oct 2020'	Nancy Torrence (b) (4) (b) (4)	08 Oct 2020 06:02:10

US3252119

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

[Time of assessment \(00:00-23:59\)](#)

Audit	User	Time (GMT)
User entered '9:37' reason for change: Data Entry Error	(b) (4), (b) (6)	09 Oct 2020 16:25:45
User entered '9:23'	Nancy Torrence (b) (4)	08 Oct 2020 06:02:10

US3252119

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

[Vital Signs Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered '7 Oct 2020 9:37'	System	09 Oct 2020 16:25:45
User entered '7 Oct 2020 9:23'	System	08 Oct 2020 06:02:10

US3252119

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '98.2' F	Nancy Torrence (b) (4) (b) (4)	08 Oct 2020 06:02:10

US3252119

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	Nancy Torrence (b) (4) (b) (4)	08 Oct 2020 06:02:10

US3252119

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Nancy Torrence (b) (4) (b) (4)	08 Oct 2020 06:02:10

US3252119

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '94'	Nancy Torrence (b) (4) (b) (4)	08 Oct 2020 06:02:10

US3252119

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	08 Oct 2020 06:02:10

US3252119

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

[Respiratory Rate \(xxx\)](#)

Audit	User	Time (GMT)
User entered '15'	Nancy Torrence (b) (4) (b) (4)	08 Oct 2020 06:02:10

US3252119

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	08 Oct 2020 06:02:10

US3252119

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '116'	Nancy Torrence (b) (4) (b) (4)	08 Oct 2020 06:02:10

US3252119

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	08 Oct 2020 06:02:10

US3252119

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '80'	Nancy Torrence (b) (4) (b) (4)	08 Oct 2020 06:02:10

US3252119

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:49:52

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	08 Oct 2020 06:02:10

US3252119

Folder: Visit 3 Day 57 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:49:52

Was the physical examination performed?

Audit	User	Time (GMT)
User entered 'No (N)'	Nancy Torrence (b) (4) (b) (4)	08 Oct 2020 06:02:39

US3252119

Folder: Visit 3 Day 57 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:49:52

Date of examination (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	Nancy Torrence (b) (4) (b) (4)	08 Oct 2020 06:02:39

US3252119

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:49:52

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Nancy Torrence (b) (4) (b) (4)	08 Oct 2020 06:02:55

US3252119

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:49:52

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
User closed query 'Per GCL Lab Reconciliation: Antibody-mediated Immunogenicity: Sample dated 07OCT2020 is recorded under Visit 3 Day 57 visit in EDC, however the same is reported under UNSCHEDULED visit in PPD Central lab. Please reconcile the correct Visit and update if applicable. Else clarify, thank you.' (Site from DM).	(b) (4), (b) (6)	03 Nov 2020 05:28:48
Query 'Per GCL Lab Reconciliation: Antibody-mediated Immunogenicity: Sample dated 07OCT2020 is recorded under Visit 3 Day 57 visit in EDC, however the same is reported under UNSCHEDULED visit in PPD Central lab. Please reconcile the correct Visit and update if applicable. Else clarify, thank you.' answered with 'It is under unscheduled visit due to 0 quantity of kit type A. As per PPD GSS, we can use kit type UV for backup. US3252119 visit is recorded correctly in EDC.' (Site from DM).	(b) (4), (b) (6)	23 Oct 2020 17:37:02
User opened query 'Per GCL Lab Reconciliation: Antibody-mediated Immunogenicity: Sample dated 07OCT2020 is recorded under Visit 3 Day 57 visit in EDC, however the same is reported under UNSCHEDULED visit in PPD Central lab. Please reconcile the correct Visit and update if applicable. Else clarify, thank you.' (Site from DM).	(b) (4), (b) (6)	23 Oct 2020 10:22:28
User entered '7 Oct 2020'	Nancy Torrence (b) (4) (b) (4)	08 Oct 2020 06:02:55

US3252119

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:49:52

[Collection time \(00:00-23:59\)](#)

Audit	User	Time (GMT)
User entered '9:45'	Nancy Torrence (b) (4) (b) (4)	08 Oct 2020 06:02:55

US3252119

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:49:52

[Collection date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered '7 Oct 2020 9:45'	System	08 Oct 2020 06:02:55

US3252119

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:49:52

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Nancy Torrence (b) (4) (b) (4)	08 Oct 2020 06:03:02

US3252119

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:49:52

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	08 Oct 2020 06:03:02

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered 'Day 64'	System	11 Aug 2020 18:01:00

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-10-14T08:30:05', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '8b4f99e0-1491-4cc7-8013-0a18ff24a902'	System	14 Oct 2020 13:31:16
User entered 'No (N)'	System	14 Oct 2020 13:31:16

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-10-14T08:30:49', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '8b4f99e0-1491-4cc7-8013-0a18ff24a902'	System	14 Oct 2020 13:31:16
User entered 'Yes (Y)'	System	14 Oct 2020 13:31:16

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-10-14T08:30:59', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '8b4f99e0-1491-4cc7-8013-0a18ff24a902'	System	14 Oct 2020 13:31:16
User entered 'I confirm I have read this message and will call the study clinic immediately (9)'	System	14 Oct 2020 13:31:16

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-10-14T08:31:06', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '8b4f99e0-1491-4cc7-8013-0a18ff24a902'	System	14 Oct 2020 13:31:16
User entered '14 Oct 2020 08:31:06'	System	14 Oct 2020 13:31:16

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered '11 Oct 2020 00:01'	System	11 Aug 2020 18:01:00

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered '15 Oct 2020 23:59'	System	11 Aug 2020 18:01:00

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered 'Day 71'	System	11 Aug 2020 18:01:00

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-10-20T11:20:27', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '8fd7567b-0eaf-4c08-b83f-850b058ca888'	System	20 Oct 2020 16:21:19
User entered 'Yes (Y)'	System	20 Oct 2020 16:21:19

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-10-20T11:20:37', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '8fd7567b-0eaf-4c08-b83f-850b058ca888'	System	20 Oct 2020 16:21:19
User entered 'No (N)'	System	20 Oct 2020 16:21:19

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-10-20T11:20:43', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '8fd7567b-0eaf-4c08-b83f-850b058ca888'	System	20 Oct 2020 16:21:19
User entered 'No (N)'	System	20 Oct 2020 16:21:19

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-10-20T11:20:51', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '8fd7567b-0eaf-4c08-b83f-850b058ca888'	System	20 Oct 2020 16:21:19
User entered 'Yes (Y)'	System	20 Oct 2020 16:21:19

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-10-20T11:21:06', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '8fd7567b-0eaf-4c08-b83f-850b058ca888'	System	20 Oct 2020 16:21:19
User entered 'I confirm I have read this message and will call the study clinic immediately (9)'	System	20 Oct 2020 16:21:19

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-10-20T11:21:10', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '8fd7567b-0eaf-4c08-b83f-850b058ca888'	System	20 Oct 2020 16:21:19
User entered '20 Oct 2020 11:21:10'	System	20 Oct 2020 16:21:19

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered '18 Oct 2020 00:01'	System	11 Aug 2020 18:01:00

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered '22 Oct 2020 23:59'	System	11 Aug 2020 18:01:00

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered 'Day 78'	System	11 Aug 2020 18:01:00

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-10-25T09:45:10', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '9bd5a87f-8b1d-44d6-aa74-f88b27944570' User entered 'Yes (Y)'	System	25 Oct 2020 14:46:31
	System	25 Oct 2020 14:46:31

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-10-25T09:45:23', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '9bd5a87f-8b1d-44d6-aa74-f88b27944570'	System	25 Oct 2020 14:46:31
User entered 'No (N)'	System	25 Oct 2020 14:46:31

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-10-25T09:45:41', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '9bd5a87f-8b1d-44d6-aa74-f88b27944570' User entered 'No (N)'	System	25 Oct 2020 14:46:31
	System	25 Oct 2020 14:46:31

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-10-25T09:45:51', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '9bd5a87f-8b1d-44d6-aa74-f88b27944570' User entered 'Yes (Y)'	System	25 Oct 2020 14:46:31
	System	25 Oct 2020 14:46:31

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-10-25T09:45:58', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '9bd5a87f-8b1d-44d6-aa74-f88b27944570'	System	25 Oct 2020 14:46:31
User entered 'I confirm I have read this message and will call the study clinic immediately (9)'	System	25 Oct 2020 14:46:31

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-10-25T09:46:02', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '9bd5a87f-8b1d-44d6-aa74-f88b27944570' User entered '25 Oct 2020 09:46:02'	System	25 Oct 2020 14:46:31
	System	25 Oct 2020 14:46:31

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered '25 Oct 2020 00:01'	System	11 Aug 2020 18:01:00

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered '29 Oct 2020 23:59'	System	11 Aug 2020 18:01:00

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered 'Day 92'	System	11 Aug 2020 18:01:00

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-11-08T05:17:53', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'da2c0e7d-bbae-4901-881f-27812b1ca813'	System	08 Nov 2020 11:18:07
User entered 'No (N)'	System	08 Nov 2020 11:18:07

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-11-08T05:17:59', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'da2c0e7d-bbae-4901-881f-27812b1ca813'	System	08 Nov 2020 11:18:07
User entered 'No (N)'	System	08 Nov 2020 11:18:07

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-11-08T05:18:04', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: 'da2c0e7d-bbae-4901-881f-27812b1ca813' User entered '08 Nov 2020 05:18:04'	System	08 Nov 2020 11:18:07
	System	08 Nov 2020 11:18:07

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered '08 Nov 2020 00:01'	System	11 Aug 2020 18:01:00

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered '12 Nov 2020 23:59'	System	11 Aug 2020 18:01:00

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered 'Day 99'	System	11 Aug 2020 18:01:00

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-11-17T09:23:25', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '2a76fb38-46ed-43cf-9dbe-35ce1afe8d46'	System	17 Nov 2020 15:23:36
User entered 'No (N)'	System	17 Nov 2020 15:23:36

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-11-17T09:23:29', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '2a76fb38-46ed-43cf-9dbe-35ce1afe8d46'	System	17 Nov 2020 15:23:36
User entered 'No (N)'	System	17 Nov 2020 15:23:36

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-11-17T09:23:33', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '2a76fb38-46ed-43cf-9dbe-35ce1afe8d46' User entered '17 Nov 2020 09:23:33'	System	17 Nov 2020 15:23:36
	System	17 Nov 2020 15:23:36

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered '15 Nov 2020 00:01'	System	11 Aug 2020 18:01:00

US3252119

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	11 Aug 2020 18:01:00
User entered '19 Nov 2020 23:59'	System	11 Aug 2020 18:01:00

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 61'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '08 Oct 2020 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '12 Oct 2020 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 68'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '15 Oct 2020 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '19 Oct 2020 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 75'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '22 Oct 2020 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '26 Oct 2020 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 82'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '29 Oct 2020 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '02 Nov 2020 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 89'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '05 Nov 2020 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '09 Nov 2020 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 96'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '12 Nov 2020 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '16 Nov 2020 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 103'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-11-21T21:46:47', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '50e36ceb-e754-406d-85db-69ce0efa24b3' User entered 'No (N)'	System	22 Nov 2020 03:46:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

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 (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-11-21T21:46:51', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '50e36ceb-e754-406d-85db-69ce0efa24b3' User entered 'No (N)'	System	22 Nov 2020 03:46:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (E27100D5-CA50-4EBF-A4E5-C31B6EDB5681)', Time: '2020-11-21T21:46:55', User OID: 'PatientReportedOutcome (US3252119)', ODM File OID: '50e36ceb-e754-406d-85db-69ce0efa24b3' User entered '21 Nov 2020 21:46:55'	System	22 Nov 2020 03:46:59

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '19 Nov 2020 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '23 Nov 2020 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 110'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '26 Nov 2020 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '30 Nov 2020 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 117'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '03 Dec 2020 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '07 Dec 2020 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 124'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '10 Dec 2020 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '14 Dec 2020 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 131'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '17 Dec 2020 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '21 Dec 2020 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 138'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '24 Dec 2020 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '28 Dec 2020 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 145'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '31 Dec 2020 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '04 Jan 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 152'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '07 Jan 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '11 Jan 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 159'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '14 Jan 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '18 Jan 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 166'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '21 Jan 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '25 Jan 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 173'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '28 Jan 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '01 Feb 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 180'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '04 Feb 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '08 Feb 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 187'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '11 Feb 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '15 Feb 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 194'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '18 Feb 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '22 Feb 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 201'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '25 Feb 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '01 Mar 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 208'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '04 Mar 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '08 Mar 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 215'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '11 Mar 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '15 Mar 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 222'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '18 Mar 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '22 Mar 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 229'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '25 Mar 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '29 Mar 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 236'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '01 Apr 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '05 Apr 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 243'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '08 Apr 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '12 Apr 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 250'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '15 Apr 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '19 Apr 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 257'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '22 Apr 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '26 Apr 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 264'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '29 Apr 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '03 May 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 271'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '06 May 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '10 May 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 278'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '13 May 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '17 May 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 285'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '20 May 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '24 May 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 292'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '27 May 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '31 May 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 299'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '03 Jun 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '07 Jun 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 306'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '10 Jun 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '14 Jun 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 313'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '17 Jun 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '21 Jun 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 320'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '24 Jun 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '28 Jun 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 327'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '01 Jul 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '05 Jul 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 334'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '08 Jul 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '12 Jul 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 341'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '15 Jul 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '19 Jul 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 348'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '22 Jul 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '26 Jul 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 355'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '29 Jul 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '02 Aug 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 362'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '05 Aug 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '09 Aug 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 369'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '12 Aug 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '16 Aug 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 376'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '19 Aug 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '23 Aug 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 383'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '26 Aug 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '30 Aug 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 390'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '02 Sep 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '06 Sep 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 397'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '09 Sep 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '13 Sep 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 404'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '16 Sep 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '20 Sep 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 411'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '23 Sep 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '27 Sep 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 418'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '30 Sep 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '04 Oct 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 425'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '07 Oct 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '11 Oct 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 432'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '14 Oct 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '18 Oct 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 439'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '21 Oct 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '25 Oct 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 446'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '28 Oct 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '01 Nov 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 453'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '04 Nov 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '08 Nov 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 460'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '11 Nov 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '15 Nov 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 467'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '18 Nov 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '22 Nov 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 474'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '25 Nov 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '29 Nov 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 481'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '02 Dec 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '06 Dec 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 488'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '09 Dec 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '13 Dec 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 495'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '16 Dec 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '20 Dec 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 502'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '23 Dec 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '27 Dec 2021 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 509'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '30 Dec 2021 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '03 Jan 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 516'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '06 Jan 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '10 Jan 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 523'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '13 Jan 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '17 Jan 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 530'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '20 Jan 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '24 Jan 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 537'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '27 Jan 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '31 Jan 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 544'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '03 Feb 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '07 Feb 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 551'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '10 Feb 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '14 Feb 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 558'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '17 Feb 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '21 Feb 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 565'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '24 Feb 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '28 Feb 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 572'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '03 Mar 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '07 Mar 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 579'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '10 Mar 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '14 Mar 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 586'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '17 Mar 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '21 Mar 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 593'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '24 Mar 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '28 Mar 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 600'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '31 Mar 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '04 Apr 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 607'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '07 Apr 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '11 Apr 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 614'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '14 Apr 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '18 Apr 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 621'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '21 Apr 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '25 Apr 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 628'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '28 Apr 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '02 May 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 635'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '05 May 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '09 May 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 642'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '12 May 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '16 May 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 649'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '19 May 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '23 May 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 656'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '26 May 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '30 May 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 663'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '02 Jun 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '06 Jun 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 670'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '09 Jun 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '13 Jun 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 677'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '16 Jun 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '20 Jun 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 684'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '23 Jun 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '27 Jun 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 691'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '30 Jun 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '04 Jul 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 698'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '07 Jul 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '11 Jul 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 705'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '14 Jul 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '18 Jul 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 712'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '21 Jul 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '25 Jul 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 719'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '28 Jul 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '01 Aug 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 726'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '04 Aug 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '08 Aug 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 733'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '11 Aug 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '15 Aug 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 740'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '18 Aug 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '22 Aug 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 747'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '25 Aug 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '29 Aug 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 754'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '01 Sep 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '05 Sep 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 761'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '08 Sep 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '12 Sep 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 768'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '15 Sep 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '19 Sep 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 775'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '22 Sep 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '26 Sep 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 782'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '29 Sep 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '03 Oct 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 789'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '06 Oct 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '10 Oct 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered 'Day 796'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '13 Oct 2022 00:01'	System	19 Nov 2020 03:53:18

US3252119

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:49:52

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 03:53:18
Amendment Manager: User entered '17 Oct 2022 23:59'	System	19 Nov 2020 03:53:18

US3252119

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Nancy Torrence (b) (4) (b) (4)	04 Nov 2020 02:35:40

US3252119

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

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

Audit	User	Time (GMT)
User entered '3 Nov 2020'	Nancy Torrence (b) (4) (b) (4)	04 Nov 2020 02:35:40

US3252119

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

[Please select one status for the follow-up contact](#)

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Nancy Torrence (b) (4) (b) (4)	04 Nov 2020 02:35:40

US3252119

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:49:52

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Nancy Torrence (b) (4) (b) (4)	04 Nov 2020 02:35:40

US3252119

Folder: Safety Call Day 85 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:49:52

[Is the participant continuing to the next visit?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Nancy Torrence (b) (4) (b) (4)	04 Nov 2020 02:35:55

US3252119

Folder: Safety Call Day 85 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:49:52

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	04 Nov 2020 02:35:55

US3252119

Folder: Adverse Events

Form: Adverse Events Summary

Generated On: 26 Nov 2020 10:49:52

[Did the participant experience any adverse events?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	20 Nov 2020 14:10:59
User entered 'Yes (Y)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	20 Oct 2020 22:25:04
User entered 'No (N)'	(b) (4)	
	Shannon Moyer (b) (4)	12 Aug 2020 14:31:14
	(b) (4)	

US3252119

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:49:52

[AEID](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	20 Nov 2020 14:11:05
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:35:56
User entered 'USA-US108-2020-mRNA-1273-P301000006'	System	21 Oct 2020 20:35:40
User entered 'New'	(b) (4), (b) (6)	21 Oct 2020 20:35:40

US3252119

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:49:52

[Adverse event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	12 Nov 2020 15:10:20
User coded data point as SOC: Cardiac disorders, HLT: Coronary artery disorders, HLT: Ischaemic coronary artery disorders, PT: Myocardial infarction, LLT: Myocardial infarction - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	20 Oct 2020 22:28:30
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	20 Oct 2020 22:28:30
Data point term sent to Coder	System	20 Oct 2020 22:27:27
User entered 'Myocardial Infarction'	Joanna Gurrola (b) (4) (b) (4)	20 Oct 2020 22:27:08

US3252119

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:49:52

[Was this a medically-attended AE?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	12 Nov 2020 15:10:22
User entered 'Yes (Y)'	Joanna Gurrola (b) (4) (b) (4)	20 Oct 2020 22:27:08

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Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:49:52

[Was this a Solicited Adverse Reaction?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	12 Nov 2020 15:10:42
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	20 Oct 2020 22:27:08

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Folder: Adverse Events

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[Is this event a confirmed diagnosis of Symptomatic Covid-19?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	12 Nov 2020 15:11:01
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	20 Oct 2020 22:27:08

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Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:49:52

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	12 Nov 2020 15:11:05
User entered '14 Oct 2020'	Joanna Gurrola (b) (4)	20 Oct 2020 22:27:08
	(b) (4)	

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Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:49:52

Start time (00:00-23:59)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	24 Nov 2020 19:30:00
User closed query 'Per source, start time is 20:35. Please review and reconcile. ' (Site from CRA).	(b) (4), (b) (6)	24 Nov 2020 18:03:18
User closed query 'Start time is present for an AE that did not start within 24 hours after dosing. Please remove the Start time.' (Site from System).	System	24 Nov 2020 15:43:14
User entered empty; reason for change Data Entry Error	Joanna Gurrola (b) (4)	24 Nov 2020 15:43:14
User opened query 'Start time is present for an AE that did not start within 24 hours after dosing. Please remove the Start time.' (Site from System).	System	24 Nov 2020 15:39:01
User entered '20:35' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	24 Nov 2020 15:39:01
Query 'Per source, start time is 20:35. Please review and reconcile. ' answered with 'updated' (Site from CRA).	Shannon Moyer (b) (4)	23 Nov 2020 07:48:34
User opened query 'Per source, start time is 20:35. Please review and reconcile. ' (Site from CRA).	(b) (4), (b) (6)	20 Nov 2020 14:12:41
User closed query 'Start time is present for an AE that did not start within 24 hours after dosing. Please remove the Start time.' (Site from System).	System	17 Nov 2020 05:55:50
User entered empty; reason for change Data Entry Error	Joanna Gurrola (b) (4)	17 Nov 2020 05:55:50
User closed query 'Per source, start time is 16:00 Please review and reconcile. ' (Site from CRA).	(b) (4), (b) (6)	16 Nov 2020 02:42:01
User entered '20:35' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	13 Nov 2020 20:35:28
Query 'Per source, start time is 16:00 Please review and reconcile. ' answered with 'source updated' (Site from CRA).	Joanna Gurrola (b) (4)	13 Nov 2020 20:34:21
User opened query 'Start time is present for an AE that did not start within 24 hours after dosing. Please remove the Start time.' (Site from System).	System	13 Nov 2020 20:26:24
User entered '17:15' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	13 Nov 2020 20:26:24
User opened query 'Per source, start time is 16:00 Please review and reconcile. ' (Site from CRA).	(b) (4), (b) (6)	12 Nov 2020 15:11:21
User entered empty.	Joanna Gurrola (b) (4)	20 Oct 2020 22:27:08

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Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:49:52

[AE start date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	24 Nov 2020 15:43:14
User entered '14 Oct 2020 20:35'	System	24 Nov 2020 15:39:01
User entered empty.	System	17 Nov 2020 05:55:50
User entered '14 Oct 2020 20:35'	System	13 Nov 2020 20:35:28
User entered '14 Oct 2020 17:15'	System	13 Nov 2020 20:26:24
User entered empty.	System	20 Oct 2020 22:27:08

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Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:49:52

[Ongoing?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	12 Nov 2020 15:11:26
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	20 Oct 2020 22:27:08

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Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:49:52

If not Ongoing, end date (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	12 Nov 2020 15:11:30
User entered '20 Oct 2020'	Joanna Gurrola (b) (4) (b) (4)	20 Oct 2020 22:27:08

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Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:49:52

End time (00:00-23:59)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	20 Nov 2020 14:13:06
User closed query 'End time is present for an AE that did not start within 24 hours after dosing. Please remove the End time.' (Site from System).	System	17 Nov 2020 05:55:50
User entered empty; reason for change Data Entry Error	Joanna Gurrola (b) (4)	17 Nov 2020 05:55:50
User entered '00:00' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	13 Nov 2020 20:34:09
User opened query 'End time is present for an AE that did not start within 24 hours after dosing. Please remove the End time.' (Site from System).	System	13 Nov 2020 20:31:36
DataPoint Un-verified.	Joanna Gurrola (b) (4)	13 Nov 2020 20:31:36
User entered '16:00' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	13 Nov 2020 20:31:36
DataPoint Verified.	(b) (4), (b) (6)	12 Nov 2020 15:11:32
User entered empty.	Joanna Gurrola (b) (4)	20 Oct 2020 22:27:08

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Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:49:52

[AE End Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	17 Nov 2020 05:55:50
User entered '20 Oct 2020 00:00'	System	13 Nov 2020 20:34:09
User entered '20 Oct 2020 16:00'	System	13 Nov 2020 20:31:36
User entered empty.	System	20 Oct 2020 22:27:08

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Folder: Adverse Events

Form: Adverse Events (1)

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[Severity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	12 Nov 2020 15:11:48
User entered 'Grade 4 (Grade 4)'	Joanna Gurrola (b) (4) (b) (4)	20 Oct 2020 22:27:08

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Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:49:52

[Is the adverse event serious?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	12 Nov 2020 15:11:51
User entered 'Yes (Y)'	Joanna Gurrola (b) (4) (b) (4)	20 Oct 2020 22:27:08

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Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:49:52

[Death](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Nov 2020 23:09:28
DataPoint Un-verified.	(b) (4), (b) (6)	20 Nov 2020 23:08:32
DataPoint Verified.	(b) (4), (b) (6)	20 Nov 2020 23:08:28
User entered '0'	Joanna Gurrola (b) (4) (b) (4)	20 Oct 2020 22:27:08

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Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:49:52

[Life threatening](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	12 Nov 2020 15:12:07
User entered '1'	Joanna Gurrola (b) (4)	20 Oct 2020 22:27:08
	(b) (4)	

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Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:49:52

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Nov 2020 23:09:26
User closed query 'Requires inpatient or prolongation System of existing Hospitalization is not checked, but hospitalization data has been provided. Please correct.' (Site from System).		20 Oct 2020 22:27:35
Query 'Requires inpatient or prolongation of existing System Hospitalization is not checked, but hospitalization data has been provided. Please correct.' answered by data change (Site from System).		20 Oct 2020 22:27:35
User entered '1' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	20 Oct 2020 22:27:35
User opened query 'Requires inpatient or prolongation of existing Hospitalization is not checked, but hospitalization data has been provided. Please correct.' (Site from System).	(b) (4) System	20 Oct 2020 22:27:08
User entered '0'	Joanna Gurrola (b) (4) (b) (4)	20 Oct 2020 22:27:08

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Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:49:52

[Hospital Admission Date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered '14 Oct 2020'	Joanna Gurrola (b) (4) (b) (4)	20 Oct 2020 22:27:08

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Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:49:52

[Hospital Discharge Date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered '20 Oct 2020'	Joanna Gurrola (b) (4) (b) (4)	20 Oct 2020 22:27:08

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Folder: Adverse Events

Form: Adverse Events (1)

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[Admitted to ICU?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Nov 2020 23:09:43
User entered 'Yes (Y)'	Joanna Gurrola (b) (4) (b) (4)	20 Oct 2020 22:27:08

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Folder: Adverse Events

Form: Adverse Events (1)

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[Number of Days in ICU](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Nov 2020 23:09:41
User closed query 'Admitted to ICU? is Yes, however Number of Days in ICU is missing. Please review and reconcile.' (Site from System).	(b) (4), (b) (6)	23 Nov 2020 14:38:00
User entered '3' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	13 Nov 2020 20:31:36
Query 'Admitted to ICU? is Yes, however Number of Days in ICU is missing. Please review and reconcile.' answered with 'waiting to receive medical records ' (Site from System).	(b) (4)	
User opened query 'Admitted to ICU? is Yes, however Number of Days in ICU is missing. Please review and reconcile.' (Site from System).	Xavier Morales (b) (4)	23 Oct 2020 15:40:40
User entered empty.	System	20 Oct 2020 22:27:35
	Joanna Gurrola (b) (4)	20 Oct 2020 22:27:08
	(b) (4)	

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Folder: Adverse Events

Form: Adverse Events (1)

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[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Nov 2020 23:13:58
User entered '0'	Joanna Gurrola (b) (4) (b) (4)	20 Oct 2020 22:27:08

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Folder: Adverse Events

Form: Adverse Events (1)

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[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Nov 2020 23:13:59
User entered '0'	Joanna Gurrola (b) (4) (b) (4)	20 Oct 2020 22:27:08

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Folder: Adverse Events

Form: Adverse Events (1)

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[Other medically important event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Nov 2020 23:14:01
User entered '0'	Joanna Gurrola (b) (4) (b) (4)	20 Oct 2020 22:27:08

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Folder: Adverse Events

Form: Adverse Events (1)

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[Relationship to investigational product](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Nov 2020 23:12:22
User entered 'Not Related (NOT RELATED)'	Joanna Gurrola (b) (4) (b) (4)	20 Oct 2020 22:27:08

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Folder: Adverse Events

Form: Adverse Events (1)

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[Relationship to Study Procedure](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Nov 2020 23:12:23
User entered 'Not Related (NOT RELATED)'	Joanna Gurrola (b) (4) (b) (4)	20 Oct 2020 22:27:08

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Folder: Adverse Events

Form: Adverse Events (1)

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Action taken with investigational product

Audit	User	Time (GMT)
User closed query 'PV Query: Please update the action taken to "not applicable" as both study drug doses were given prior to event onset.' (Site from Safety).	(b) (4), (b) (6)	24 Nov 2020 18:51:04
DataPoint Verified.	(b) (4), (b) (6)	23 Nov 2020 23:11:47
Query 'PV Query: Please update the action taken to "not applicable" as both study drug doses were given prior to event onset.' answered with 'updated' (Site from Safety).	Joanna Gurrola (b) (4)	23 Nov 2020 22:50:19
User entered 'Not Applicable (NOT APPLICABLE)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	23 Nov 2020 22:50:11
User opened query 'PV Query: Please update the action taken to "not applicable" as both study drug doses were given prior to event onset.' (Site from Safety).	(b) (4), (b) (6)	23 Nov 2020 16:58:34
User entered 'None (NONE)'	Joanna Gurrola (b) (4)	20 Oct 2020 22:27:08

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Folder: Adverse Events

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[None](#)

Audit	User	Time (GMT)
User entered '0'	Joanna Gurrola (b) (4) (b) (4)	20 Oct 2020 22:27:08

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Folder: Adverse Events

Form: Adverse Events (1)

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[Concomitant Medication](#)

Audit	User	Time (GMT)
User opened query 'Per DM CLR: Other Action Taken = Concomitant Medication, however there is no Concomitant Medication recorded that matches this AE during this timeframe. Please review and add a Con Medication as appropriate or update action taken.' (Site from DM).	(b) (4), (b) (6)	23 Nov 2020 04:17:49
User entered '1'	Joanna Gurrola (b) (4) (b) (4)	20 Oct 2020 22:27:08

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Folder: Adverse Events

Form: Adverse Events (1)

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[Concomitant Procedure](#)

Audit	User	Time (GMT)
User opened query 'Per DM CLR: Other Action Taken = Con Proc, however there is no Concomitant Procedure or Non-Drug Therapy (i.e., Medical Treatment procedure and not diagnostic procedure) recorded that matches this AE during this timeframe. Please review and add a Con Procedure as appropriate or update action taken.' (Site from DM). User entered 'I'	(b) (4), (b) (6)	23 Nov 2020 04:17:56
	Joanna Gurrola (b) (4)	20 Oct 2020 22:27:08
	(b) (4)	

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Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:49:52

[Outcome](#)

Audit	User	Time (GMT)
User entered 'Recovered/Resolved (RECOVERED/RESOLVED)'	Joanna Gurrola (b) (4) (b) (4)	20 Oct 2020 22:27:08

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Folder: Adverse Events

Form: Adverse Events (1)

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[If outcome is Recovered/Resolved with Sequelae, please specify the sequelae:](#)

Audit	User	Time (GMT)
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	20 Oct 2020 22:27:08

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Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:49:52

[Narrative](#)

Audit	User	Time (GMT)
User closed query 'Safety Medical Query: Please provide the subject's presenting signs/symptoms.' (Site from Safety).	(b) (4), (b) (6)	24 Nov 2020 18:58:28
Query 'Safety Medical Query: Please provide the subject's presenting signs/symptoms.' answered with 'Chest pains' (Site from Safety).	Joanna Gurrola (b) (4)	24 Nov 2020 16:03:12
User opened query 'Safety Medical Query: Please provide the subject's presenting signs/symptoms.' (Site from Safety).	(b) (4), (b) (6)	29 Oct 2020 14:47:59
User opened query 'PV Query: Please provide treatment given for the event including medical intervention and/or surgical treatments. 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)	29 Oct 2020 14:47:50
User opened query 'PV Query: Please provide any relevant laboratory and diagnostic test results (i.e. cardiac biomarkers, EKG, coronary angiography, etc). Please include units and reference ranges if applicable.' (Site from Safety).	(b) (4), (b) (6)	29 Oct 2020 14:47:43
User opened query 'PV Query: Please provide the results of any COVID-19 testing performed during hospital admission, including date of collection and type of testing. If not done, please state so.' (Site from Safety).	(b) (4), (b) (6)	29 Oct 2020 14:47:36
User entered 'Patient called us to notify us that he suffered a myocardial infarction, treated with medication and a revascularization procedure, we will update the chart when we receive the hospital discharge documentation.'	Joanna Gurrola (b) (4)	20 Oct 2020 22:27:08

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Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:49:52

[Serious Adverse Event Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered 'I'	System	20 Oct 2020 22:27:08

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Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:49:52

[Medically Attended AE Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered 'I'	System	20 Oct 2020 22:27:08

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Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:49:52

[Admitted to ICU Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered 'I'	System	20 Oct 2020 22:27:08

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Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination Summary

Generated On: 26 Nov 2020 10:49:52

[Were any prior/concomitant medications and/or vaccinations taken?](#)

Audit	User	Time (GMT)
User closed query 'Per ETRTR: Please add Medication dosed for SAE "Myocardial Infarction", thanks.' (Site from CRA).	(b) (4), (b) (6)	15 Nov 2020 20:55:49
Query 'Per ETRTR: Please add Medication dosed for SAE "Myocardial Infarction", thanks.' answered with 'waiting on medical records from hospital' (Site from CRA).	Xavier Morales (b) (4)	27 Oct 2020 13:25:26
User opened query 'Per ETRTR: Please add Medication dosed for SAE "Myocardial Infarction", thanks.' (Site from CRA).	(b) (4)	
User entered 'Yes (Y)'	Shannon Moyer (b) (4)	26 Oct 2020 21:00:04
	(b) (4)	12 Aug 2020 14:31:37

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Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:49:52

[Name of Medication](#)

Audit	User	Time (GMT)
User coded data point as ATC: ALIMENTARY TRACT AND METABOLISM, ATC: DRUGS USED IN DIABETES, ATC: BLOOD GLUCOSE LOWERING DRUGS, EXCL. INSULINS, ATC: GLUCAGON-LIKE PEPTIDE-1 (GLP-1) ANALOGUES, PRODUCT: LIRAGLUTIDE, PRODUCTSYNONYM: VICTOZA - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	14 Aug 2020 01:03:11
User coded data point as Term Coded data point by User: (b) (6) - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	14 Aug 2020 01:03:11
Data point term sent to Coder	System	12 Aug 2020 14:33:10
User entered 'Victoza Injection pen'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:32:33

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Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:49:52

[Prophylaxis](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:32:33

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Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:49:52

[Indication](#)

Audit	User	Time (GMT)
User entered 'Type II Diabetes'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:32:33

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Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:49:52

[Dose per administration](#)

Audit	User	Time (GMT)
User entered '1.8'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:32:33

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Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

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[Dose unit](#)

Audit	User	Time (GMT)
User entered 'mg (mg)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:32:33

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Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:49:52

If dose unit is Other, specify

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:32:33

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Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:49:52

[Frequency](#)

Audit	User	Time (GMT)
User entered 'once daily (QD)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:32:33

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Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:49:52

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:32:33

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Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:49:52

[Route of administration](#)

Audit	User	Time (GMT)
User entered 'Subcutaneous (SUBCUTANEOUS)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:32:33

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Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:49:52

If route of administration is Other, specify

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:32:33

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Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:49:52

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
Query 'Medication start date is greater than 28 days prior to first IP injection. Per study guidelines, only medications that are less than or equal to 28 of first study treatment should be recorded. Please reconcile.' canceled (Site from System).	(b) (4), (b) (6)	13 Aug 2020 11:17:11
User opened query 'Medication start date is greater than 28 days prior to first IP injection. Per study guidelines, only medications that are less than or equal to 28 of first study treatment should be recorded. Please reconcile.' (Site from System).	System	12 Aug 2020 14:32:33
User entered 'UN UNK 2016'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:32:33

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Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:49:52

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:32:33

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Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:49:52

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:32:33

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Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:49:52

If not Ongoing, End date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:32:33

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:49:52

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:32:33

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:49:52

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	12 Aug 2020 14:32:33

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:49:52

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	12 Aug 2020 14:32:33

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:49:52

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered '804 (804)'	System	12 Aug 2020 14:32:33

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:49:52

[Name of Medication](#)

Audit	User	Time (GMT)
User coded data point as ATC: ALIMENTARY TRACT AND METABOLISM, ATC: DRUGS USED IN DIABETES, ATC: INSULINS AND ANALOGUES, ATC: INSULINS AND ANALOGUES FOR INJECTION, LONG-ACTING, PRODUCT: INSULIN GLARGINE, PRODUCTSYNONYM: LANTUS - version WHODrug-Global-B3\\202003.	Coder Import (b) (4)	12 Aug 2020 14:42:15
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4)	12 Aug 2020 14:42:15
Data point term sent to Coder	System	12 Aug 2020 14:41:31
User entered 'Lantus'	Shannon Moyer (b) (4)	12 Aug 2020 14:41:19
	(b) (4)	

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:49:52

[Prophylaxis](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:41:19

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:49:52

[Indication](#)

Audit	User	Time (GMT)
User entered 'Type II Diabetes'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:41:19

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:49:52

[Dose per administration](#)

Audit	User	Time (GMT)
User closed query 'Per DM CLR: Please review the recorded dose as it appear as the dosage formulation rather than the actual dose. Please update to record the actual dose administered as appropriate. Otherwise, clarify. ' (Site from DM).	(b) (4), (b) (6)	27 Oct 2020 17:35:17
Query 'Per DM CLR: Please review the recorded dose as it appear as the dosage formulation rather than the actual dose. Please update to record the actual dose administered as appropriate. Otherwise, clarify. ' answered with 'Corrected' (Site from DM).	Shannon Moyer (b) (4)	16 Sep 2020 21:44:18
User entered '100' reason for change: Data Entry Error	(b) (4)	16 Sep 2020 21:44:10
User opened query 'Per DM CLR: Please review the recorded dose as it appear as the dosage formulation rather than the actual dose. Please update to record the actual dose administered as appropriate. Otherwise, clarify. ' (Site from DM).	(b) (4), (b) (6)	14 Sep 2020 07:11:19
User entered '100units/mL'	Shannon Moyer (b) (4)	12 Aug 2020 14:41:19
	(b) (4)	

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:49:52

[Dose unit](#)

Audit	User	Time (GMT)
User entered 'Other (OTHER)' reason for change:	Shannon Moyer (b) (4)	16 Sep 2020 21:44:10
Data Entry Error	(b) (4)	
User entered 'IU (IU)'	Shannon Moyer (b) (4)	12 Aug 2020 14:41:19
	(b) (4)	

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:49:52

If dose unit is Other, specify

Audit	User	Time (GMT)
User entered 'units/ml' reason for change: Data Entry Error	Shannon Moyer (b) (4)	16 Sep 2020 21:44:10
User entered empty.	Shannon Moyer (b) (4)	12 Aug 2020 14:41:19

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:49:52

[Frequency](#)

Audit	User	Time (GMT)
User entered 'once daily (QD)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:41:19

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:49:52

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:41:19

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:49:52

[Route of administration](#)

Audit	User	Time (GMT)
User entered 'Subcutaneous (SUBCUTANEOUS)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:41:19

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:49:52

If route of administration is Other, specify

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:41:19

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:49:52

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
Query 'Medication start date is greater than 28 days prior to first IP injection. Per study guidelines, only medications that are less than or equal to 28 of first study treatment should be recorded. Please reconcile.' canceled (Site from System).	(b) (4), (b) (6)	13 Aug 2020 11:17:15
User opened query 'Medication start date is greater than 28 days prior to first IP injection. Per study guidelines, only medications that are less than or equal to 28 of first study treatment should be recorded. Please reconcile.' (Site from System).	System	12 Aug 2020 14:41:19
User entered 'UN UNK 2018'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:41:19

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:49:52

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:41:19

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:49:52

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:41:19

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:49:52

If not Ongoing, End date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:41:19

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:49:52

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:41:19

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:49:52

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	12 Aug 2020 14:41:19

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:49:52

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	12 Aug 2020 14:41:19

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:49:52

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered '804 (804)'	System	12 Aug 2020 14:41:19

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:49:52

[Name of Medication](#)

Audit	User	Time (GMT)
User coded data point as ATC: CARDIOVASCULAR SYSTEM, ATC: LIPID MODIFYING AGENTS, ATC: LIPID MODIFYING AGENTS, PLAIN, ATC: HMG COA REDUCTASE INHIBITORS, PRODUCT: SIMVASTATIN - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	12 Aug 2020 14:43:08
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	12 Aug 2020 14:43:08
Data point term sent to Coder	System	12 Aug 2020 14:42:32
User entered 'simvastatin'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:42:09

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:49:52

[Prophylaxis](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:42:09

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:49:52

[Indication](#)

Audit	User	Time (GMT)
User entered 'Hyperlipidemia'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:42:09

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:49:52

[Dose per administration](#)

Audit	User	Time (GMT)
User entered '20'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:42:09

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:49:52

[Dose unit](#)

Audit	User	Time (GMT)
User entered 'mg (mg)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:42:09

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:49:52

If dose unit is Other, specify

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:42:09

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:49:52

[Frequency](#)

Audit	User	Time (GMT)
User entered 'once daily (QD)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:42:09

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:49:52

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:42:09

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:49:52

[Route of administration](#)

Audit	User	Time (GMT)
User entered 'Oral (ORAL)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:42:09

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:49:52

If route of administration is Other, specify

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:42:09

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:49:52

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
Query 'Medication start date is greater than 28 days prior to first IP injection. Per study guidelines, only medications that are less than or equal to 28 of first study treatment should be recorded. Please reconcile.' canceled (Site from System).	(b) (4), (b) (6)	13 Aug 2020 11:17:19
User opened query 'Medication start date is greater than 28 days prior to first IP injection. Per study guidelines, only medications that are less than or equal to 28 of first study treatment should be recorded. Please reconcile.' (Site from System).	System	12 Aug 2020 14:42:09
User entered 'UN UNK 2016'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:42:09

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:49:52

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:42:09

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:49:52

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:42:09

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:49:52

If not Ongoing, End date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:42:09

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:49:52

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:42:09

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:49:52

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	12 Aug 2020 14:42:09

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:49:52

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	12 Aug 2020 14:42:09

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:49:52

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered '804 (804)'	System	12 Aug 2020 14:42:09

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:49:52

[Name of Medication](#)

Audit	User	Time (GMT)
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)	12 Aug 2020 14:45:12
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	12 Aug 2020 14:45:12
Data point term sent to Coder	System	12 Aug 2020 14:43:33
User entered 'Lisinopril'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:43:25

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:49:52

[Prophylaxis](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:43:25

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:49:52

[Indication](#)

Audit	User	Time (GMT)
User entered 'Hypertension'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:43:25

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:49:52

[Dose per administration](#)

Audit	User	Time (GMT)
User entered '2.5'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:43:25

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:49:52

[Dose unit](#)

Audit	User	Time (GMT)
User entered 'mg (mg)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:43:25

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:49:52

If dose unit is Other, specify

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:43:25

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:49:52

[Frequency](#)

Audit	User	Time (GMT)
User entered 'once daily (QD)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:43:25

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:49:52

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:43:25

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:49:52

[Route of administration](#)

Audit	User	Time (GMT)
User entered 'Oral (ORAL)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:43:25

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:49:52

If route of administration is Other, specify

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:43:25

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:49:52

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
Query 'Medication start date is greater than 28 days prior to first IP injection. Per study guidelines, only medications that are less than or equal to 28 of first study treatment should be recorded. Please reconcile.' canceled (Site from System).	(b) (4), (b) (6)	13 Aug 2020 11:17:23
User opened query 'Medication start date is greater than 28 days prior to first IP injection. Per study guidelines, only medications that are less than or equal to 28 of first study treatment should be recorded. Please reconcile.' (Site from System).	System	12 Aug 2020 14:43:25
User entered 'UN UNK 2016'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:43:25

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:49:52

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:43:25

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:49:52

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:43:25

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:49:52

If not Ongoing, End date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:43:25

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:49:52

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:43:25

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:49:52

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	12 Aug 2020 14:43:25

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:49:52

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	12 Aug 2020 14:43:25

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 10:49:52

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered '804 (804)'	System	12 Aug 2020 14:43:25

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:49:52

Name of Medication

Audit	User	Time (GMT)
User coded data point as ATC: ANTIINFECTIVES FOR SYSTEMIC USE, ATC: ANTIBACTERIALS FOR SYSTEMIC USE, ATC: OTHER ANTIBACTERIALS, ATC: IMIDAZOLE DERIVATIVES, PRODUCT: METRONIDAZOLE, PRODUCTSYNONYM: METRONIDAZOL [METRONIDAZOLE] - version WHODrug-Global-B3\202003.	Coder Import (b) (4) (b) (4)	14 Nov 2020 17:08:55
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\202003.	Coder Import (b) (4) (b) (4)	14 Nov 2020 17:08:55
Data point term sent to Coder	System	14 Nov 2020 17:08:31
Coding entries removed.	Joanna Gurrola (b) (4) (b) (4)	14 Nov 2020 17:07:44
User coded data point as ATC: ANTIINFECTIVES FOR SYSTEMIC USE, ATC: ANTIBACTERIALS FOR SYSTEMIC USE, ATC: OTHER ANTIBACTERIALS, ATC: IMIDAZOLE DERIVATIVES, PRODUCT: METRONIDAZOLE, PRODUCTSYNONYM: METRONIDAZOL [METRONIDAZOLE] - version WHODrug-Global-B3\202003.	Coder Import (b) (4) (b) (4)	04 Nov 2020 12:58:21
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\202003.	Coder Import (b) (4) (b) (4)	04 Nov 2020 12:58:21
Data point term sent to Coder	System	04 Nov 2020 12:57:08
Coding entries removed.	Nancy Torrence (b) (4) (b) (4)	04 Nov 2020 12:56:58
User coded data point as ATC: ANTIINFECTIVES FOR SYSTEMIC USE, ATC: ANTIBACTERIALS FOR SYSTEMIC USE, ATC: OTHER ANTIBACTERIALS, ATC: IMIDAZOLE DERIVATIVES, PRODUCT: METRONIDAZOLE, PRODUCTSYNONYM: METRONIDAZOL [METRONIDAZOLE] - version WHODrug-Global-B3\202003.	Coder Import (b) (4) (b) (4)	24 Sep 2020 00:12:42
User coded data point as Term Coded data point by User: (b) (6) - version WHODrug-Global-B3\202003.	Coder Import (b) (4) (b) (4)	24 Sep 2020 00:12:42
Data point term sent to Coder	System	23 Sep 2020 18:26:55
Coding entries removed.	Xavier Morales (b) (4) (b) (4)	23 Sep 2020 18:26:00

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:49:52

[Name of Medication](#)

Audit	User	Time (GMT)
User coded data point as ATC: ANTIINFECTIVES FOR SYSTEMIC USE, ATC: ANTIBACTERIALS FOR SYSTEMIC USE, ATC: OTHER ANTIBACTERIALS, ATC: IMIDAZOLE DERIVATIVES, PRODUCT: METRONIDAZOLE, PRODUCTSYNONYM: METRONIDAZOL [METRONIDAZOLE] - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	13 Aug 2020 13:11:22
User coded data point as Term Coded data point by User: (b) (6) - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	13 Aug 2020 13:11:22
Data point term sent to Coder	System	12 Aug 2020 14:46:39
User entered 'Metronidazol'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:45:41

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:49:52

[Prophylaxis](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:45:41

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:49:52

[Indication](#)

Audit	User	Time (GMT)
Query 'Per CDM REQUERY: Please review Indication and please update to specify which foot (e.g. left or right or bilateral feet) have infection. Please update and reconcile with MH eCRF so there would be an appropriate' answered with 'Updated and reconciled.' (Site from DM).	Joanna Gurrola (b) (4) (b) (4)	14 Nov 2020 17:08:01
User entered 'left FOOT INFECTION' reason for change: Data Entry Error	Joanna Gurrola (b) (4) (b) (4)	14 Nov 2020 17:07:44
User opened query 'Per CDM REQUERY: Please review Indication and please update to specify which foot (e.g. left or right or bilateral feet) have infection. Please update and reconcile with MH eCRF so there would be an appropriate' (Site from DM).	(b) (4), (b) (6)	12 Nov 2020 22:25:50
User entered 'FOOT INFECTION' reason for change: Data Entry Error	Nancy Torrence (b) (4) (b) (4)	04 Nov 2020 12:56:58
User closed query 'Per DM CLR: Please review Indication and please update to specify which foot (e.g. left or right or bilateral feet) have infection. Please update and reconcile with MH eCRF so there would be an appropriate match. Otherwise, clarify. ' (Site from DM).	(b) (4), (b) (6)	26 Oct 2020 19:12:55
Query 'Per DM CLR: Please review Indication and please update to specify which foot (e.g. left or right or bilateral feet) have infection. Please update and reconcile with MH eCRF so there would be an appropriate match. Otherwise, clarify. ' answered with 'has been updated' (Site from DM).	Xavier Morales (b) (4) (b) (4)	23 Sep 2020 18:27:12
User entered 'LEFT FOOT INFECTION' reason for change: Data Entry Error	Xavier Morales (b) (4) (b) (4)	23 Sep 2020 18:26:00
User opened query 'Per DM CLR: Please review Indication and please update to specify which foot (e.g. left or right or bilateral feet) have infection. Please update and reconcile with MH eCRF so there would be an appropriate match. Otherwise, clarify. ' (Site from DM).	(b) (4), (b) (6)	14 Sep 2020 07:59:15
User entered 'Foot infection'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:45:41

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:49:52

[Dose per administration](#)

Audit	User	Time (GMT)
User entered '500'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:45:41

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:49:52

[Dose unit](#)

Audit	User	Time (GMT)
User entered 'mg (mg)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:45:41

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:49:52

If dose unit is Other, specify

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:45:41

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:49:52

[Frequency](#)

Audit	User	Time (GMT)
User entered 'twice daily (BID)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:45:41

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:49:52

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:45:41

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:49:52

[Route of administration](#)

Audit	User	Time (GMT)
User entered 'Oral (ORAL)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:45:41

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:49:52

If route of administration is Other, specify

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:45:41

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:49:52

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
Query 'Medication start date is greater than 28 days prior to first IP injection. Per study guidelines, only medications that are less than or equal to 28 of first study treatment should be recorded. Please reconcile.' canceled (Site from System).	(b) (4), (b) (6)	13 Aug 2020 11:17:31
User opened query 'Medication start date is greater than 28 days prior to first IP injection. Per study guidelines, only medications that are less than or equal to 28 of first study treatment should be recorded. Please reconcile.' (Site from System).	System	12 Aug 2020 14:45:41
User entered 'UN Apr 2020'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:45:41

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:49:52

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:45:41

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:49:52

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:45:41

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:49:52

If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
User closed query 'Future date has been entered. Please correct.' (Site from System).	System	23 Sep 2020 18:28:29
User entered '11 Aug 2020' reason for change: Data Entry Error	Xavier Morales (b) (4)	23 Sep 2020 18:28:29
User opened query 'Future date has been entered. Please correct.' (Site from System).	System	12 Aug 2020 14:45:41
User entered '16 Aug 2020'	Shannon Moyer (b) (4)	12 Aug 2020 14:45:41

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:49:52

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:45:41

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:49:52

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '2'	System	12 Aug 2020 14:45:41

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:49:52

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	12 Aug 2020 14:45:41

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 10:49:52

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered '804 (804)'	System	12 Aug 2020 14:45:41

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:49:52

[Name of Medication](#)

Audit	User	Time (GMT)
User coded data point as ATC: ANTIINFECTIVES FOR SYSTEMIC USE, ATC: ANTIBACTERIALS FOR SYSTEMIC USE, ATC: OTHER BETA-LACTAM ANTIBACTERIALS, ATC: THIRD-GENERATION CEPHALOSPORINS, PRODUCT: CEFDINIR - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	13 Aug 2020 08:21:17
User coded data point as Term Coded data point by User: (b) (6) - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	13 Aug 2020 08:21:17
Data point term sent to Coder	System	12 Aug 2020 14:46:40
User entered 'Cedinir'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:46:30

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:49:52

[Prophylaxis](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:46:30

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:49:52

[Indication](#)

Audit	User	Time (GMT)
User entered 'Antibiotics for foot infection'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:46:30

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:49:52

[Dose per administration](#)

Audit	User	Time (GMT)
User entered '300'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:46:30

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:49:52

[Dose unit](#)

Audit	User	Time (GMT)
User entered 'mg (mg)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:46:30

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:49:52

If dose unit is Other, specify

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:46:30

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:49:52

[Frequency](#)

Audit	User	Time (GMT)
User entered 'twice daily (BID)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:46:30

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:49:52

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:46:30

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:49:52

[Route of administration](#)

Audit	User	Time (GMT)
User entered 'Oral (ORAL)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:46:30

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:49:52

[If route of administration is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:46:30

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:49:52

Start date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '04 Aug 2020'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:46:30

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:49:52

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:46:30

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:49:52

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'No (N)' reason for change: Data Entry Error	Nancy Torrence (b) (4)	04 Nov 2020 12:58:48
User entered 'Yes (Y)'	Shannon Moyer (b) (4)	12 Aug 2020 14:46:30

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:49:52

If not Ongoing, End date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '15 Sep 2020' reason for change: Data Entry Error	Nancy Torrence (b) (4)	04 Nov 2020 12:58:48
User entered empty.	Shannon Moyer (b) (4)	12 Aug 2020 14:46:30

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:49:52

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:46:30

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:49:52

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '2'	System	12 Aug 2020 14:46:30

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:49:52

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	12 Aug 2020 14:46:30

US3252119

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 10:49:52

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered '804 (804)'	System	12 Aug 2020 14:46:30

US3252119

Folder: Concomitant Procedures (1)

Form: Concomitant Procedures Summary

Generated On: 26 Nov 2020 10:49:52

[Were any concomitant procedures performed?](#)

Audit	User	Time (GMT)
Query 'Per ETRTR: Please add Procedure done for SAE "Myocardial Infarction", thanks' answered with 'pending medical records from hospital' (Site from CRA).	Xavier Morales (b) (4) (b) (4)	27 Oct 2020 13:26:14
User opened query 'Per ETRTR: Please add Procedure done for SAE "Myocardial Infarction", thanks' (Site from CRA).	(b) (4), (b) (6)	26 Oct 2020 21:00:30
User entered 'No (N)' reason for change: Data Entry Error	Joanna Gurrola (b) (4) (b) (4)	23 Aug 2020 02:05:39
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	12 Aug 2020 14:47:49

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[SAEID](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'USA-US108-2020-MRNA-1273-P301000006'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

Serious

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'Yes (Y)'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Death](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'No (N)'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Life threatening](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'Yes (Y)'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'Yes (Y)'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'No (N)'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'No (N)'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Other medically important event](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'No (N)'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Investigator's First Name](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'Joel'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Investigator's Last Name](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'Solis'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Site Address: Street](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered '5201 N. 10th Street'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Site Address: City](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'Mcallen'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Site Address: State](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'TX'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Site Address: Postal Code](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'carmpa'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Investigator Country](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	16 Nov 2020 22:14:21
User entered 'US'	System	21 Oct 2020 20:37:08

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[E2B Transmit Flag \(Derived/Hidden\)](#)

Audit	User	Time (GMT)
User entered '4'	System	24 Nov 2020 18:52:43
User entered '3'	System	18 Nov 2020 13:21:08
User entered '2'	System	16 Nov 2020 22:14:33
User entered '1'	System	21 Oct 2020 20:37:08

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[SAEID](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'USA-US108-2020-MRNA-1273-P301000006'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

Serious

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'Yes (Y)'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Death](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'No (N)'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Life threatening](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'Yes (Y)'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'Yes (Y)'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'No (N)'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'No (N)'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Other medically important event](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'No (N)'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Investigator's First Name](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'Joel'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Investigator's Last Name](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'Solis'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Site Address: Street](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered '5201 N. 10th Street'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Site Address: City](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'Mcallen'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Site Address: State](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'TX'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Site Address: Postal Code](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'carmpa'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Investigator Country](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	16 Nov 2020 22:14:21
User entered 'US'	System	21 Oct 2020 20:37:08

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[E2B Transmit Flag \(Derived/Hidden\)](#)

Audit	User	Time (GMT)
User entered '4'	System	24 Nov 2020 18:52:43
User entered '3'	System	18 Nov 2020 13:21:08
User entered '2'	System	16 Nov 2020 22:14:33
User entered '1'	System	21 Oct 2020 20:37:08

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form (1)

Generated On: 26 Nov 2020 10:49:52

[Date of submission \(Pre-filled from custom function\)](#)

Audit	User	Time (GMT)
User entered '21/Oct/2020 20:37'	System	21 Oct 2020 20:37:08

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form (1)

Generated On: 26 Nov 2020 10:49:52

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)
Reviewed for Safety.	(b) (4), (b) (6)	16 Nov 2020 22:14:21
User entered 'I'	(b) (4), (b) (6)	21 Oct 2020 20:37:08

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[SAEID](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'USA-US108-2020-MRNA-1273-P301000006'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

Serious

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'Yes (Y)'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Death](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'No (N)'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Life threatening](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'Yes (Y)'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'Yes (Y)'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'No (N)'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'No (N)'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Other medically important event](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'No (N)'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Investigator's First Name](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'Joel'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Investigator's Last Name](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'Solis'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Site Address: Street](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered '5201 N. 10th Street'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Site Address: City](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'Mcallen'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Site Address: State](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'TX'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Site Address: Postal Code](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'carmpa'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Investigator Country](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	16 Nov 2020 22:14:21
User entered 'US'	System	21 Oct 2020 20:37:08

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[E2B Transmit Flag \(Derived/Hidden\)](#)

Audit	User	Time (GMT)
User entered '4'	System	24 Nov 2020 18:52:43
User entered '3'	System	18 Nov 2020 13:21:08
User entered '2'	System	16 Nov 2020 22:14:33
User entered '1'	System	21 Oct 2020 20:37:08

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form (2)

Generated On: 26 Nov 2020 10:49:52

[Date of submission \(Pre-filled from custom function\)](#)

Audit	User	Time (GMT)
User entered '16/Nov/2020 22:14'	System	16 Nov 2020 22:14:33

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form (2)

Generated On: 26 Nov 2020 10:49:52

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)
Reviewed for Safety.	(b) (4), (b) (6)	18 Nov 2020 13:20:55
User entered 'I'	(b) (4), (b) (6)	16 Nov 2020 22:14:33

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[SAEID](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'USA-US108-2020-MRNA-1273-P301000006'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

Serious

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'Yes (Y)'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Death](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'No (N)'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Life threatening](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'Yes (Y)'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'Yes (Y)'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'No (N)'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'No (N)'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Other medically important event](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'No (N)'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Investigator's First Name](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'Joel'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Investigator's Last Name](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'Solis'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Site Address: Street](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered '5201 N. 10th Street'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Site Address: City](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'Mcallen'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Site Address: State](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'TX'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Site Address: Postal Code](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'carmpa'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Investigator Country](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	16 Nov 2020 22:14:21
User entered 'US'	System	21 Oct 2020 20:37:08

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[E2B Transmit Flag \(Derived/Hidden\)](#)

Audit	User	Time (GMT)
User entered '4'	System	24 Nov 2020 18:52:43
User entered '3'	System	18 Nov 2020 13:21:08
User entered '2'	System	16 Nov 2020 22:14:33
User entered '1'	System	21 Oct 2020 20:37:08

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form (3)

Generated On: 26 Nov 2020 10:49:52

[Date of submission \(Pre-filled from custom function\)](#)

Audit	User	Time (GMT)
User entered '18/Nov/2020 13:21'	System	18 Nov 2020 13:21:08

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form (3)

Generated On: 26 Nov 2020 10:49:52

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)
Reviewed for Safety.	(b) (4), (b) (6)	24 Nov 2020 18:52:34
User entered 'I'	(b) (4), (b) (6)	18 Nov 2020 13:21:08

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[SAEID](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'USA-US108-2020-MRNA-1273-P301000006'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

Serious

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'Yes (Y)'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Death](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'No (N)'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Life threatening](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'Yes (Y)'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'Yes (Y)'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'No (N)'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'No (N)'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Other medically important event](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'No (N)'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Investigator's First Name](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'Joel'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Investigator's Last Name](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'Solis'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Site Address: Street](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered '5201 N. 10th Street'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Site Address: City](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'Mcallen'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Site Address: State](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'TX'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Site Address: Postal Code](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	21 Oct 2020 20:37:01
User entered 'carmpa'	System	21 Oct 2020 20:35:40

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[Investigator Country](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	16 Nov 2020 22:14:21
User entered 'US'	System	21 Oct 2020 20:37:08

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 10:49:52

[E2B Transmit Flag \(Derived/Hidden\)](#)

Audit	User	Time (GMT)
User entered '4'	System	24 Nov 2020 18:52:43
User entered '3'	System	18 Nov 2020 13:21:08
User entered '2'	System	16 Nov 2020 22:14:33
User entered '1'	System	21 Oct 2020 20:37:08

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form (4)

Generated On: 26 Nov 2020 10:49:52

[Date of submission \(Pre-filled from custom function\)](#)

Audit	User	Time (GMT)
User entered '24/Nov/2020 18:52'	System	24 Nov 2020 18:52:43

US3252119

Folder: SAE USA-US108-2020-MRNA-1273-P301000006

Form: Safety Report Form (4)

Generated On: 26 Nov 2020 10:49:52

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.

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