

US3392008 (Prod: Benchmark Research - Metairie - PPDS)

Generated By: (b) (6)

Generated On: 26 Nov 2020 11:03:17

All time stamps listed in this document are displayed in GMT

US3392008

Form: Participant Creation

Generated On: 26 Nov 2020 11:03:17

[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 11:03:17

Was this visit performed?	Yes ☒
	No ☐
Visit date (dd MMM yyyy)	12 AUG 2020
Was visit performed at the participant's home or at the clinic?	Home ☐
	Clinic ☒
Folder OID	SCRN

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Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 11:03:17

Date of Birth (MMM yyyy)	(b) (6) 1992
Age	28
Age Units	YEARS
Age (Derived)	28
Sex	Female ☐ Male ☒
Ethnicity	Hispanic or Latino ☐ Not Hispanic or Latino ☒ Not Reported ☐ Unknown ☐
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 11:03:17

Date of Informed Consent (<i>dd MMM yyyy</i>)	12 AUG 2020
Month and Year of Informed Consent (derived)	AUG 2020
Year of Informed Consent (derived)	2020
Protocol Version	Amendment 1 ☐
	Amendment 2 ☒
	Amendment 3 ☐
	Amendment 4 ☐
	Amendment 5 ☐
Was participant enrolled in the study?	Yes ☒
	No ☐
If No, indicate reason for screen fail	Withdrew Consent ☐
	Inclusion/Exclusion ☐
	Cohort Full ☐
	Other ☐
If reason for screen fail is Other, specify	
Was this participant screened previously?	Yes ☐
	No ☒
If Yes, previous participant number	
Enrollment Trigger	1

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Folder: Screening

Form: Inclusion/Exclusion Criteria Summary

Generated On: 26 Nov 2020 11:03:17

Did the participant meet all eligibility criteria?

Yes ☒

No ☐

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Folder: Screening

Form: Medical History Summary

Generated On: 26 Nov 2020 11:03:17

Were any significant conditions reported?

Yes ☒

No ☐

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Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 11:03:17

Condition	OBESITY
Start date (dd MMM yyyy)	UN JUN 2002
Start date completely unknown	False
Condition ongoing at study entry	Yes ☒ No ☐
If No, please specify the stop date (dd MMM yyyy) _____	
Stop date completely unknown	False
Start Month and Year (derived)	JUN 2002
Start Year (derived)	2002
Stop Month and Year (derived)	_____
Stop Year (derived)	_____

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Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

Were vital signs assessed?	Yes ☒
	No ☐
Date of assessment (<i>dd MMM yyyy</i>)	12 AUG 2020
Time of assessment (<i>00:00-23:59</i>)	11:39 (24 HR)
Vital Signs Date and Time (derived)	12 AUG 2020 11:39
Height (<i>xxx.x</i>)	69.0 in
Weight (<i>xxx.x</i>)	300.4 lb
BMI (<i>xxx.x</i>)	44.45408 kg/m ²
BMI units	KG/M2
Temperature (<i>xxx.x</i>)	ND - Not Done
Route of measurement	Oral ☐
	Axillary ☐
	Other ☐
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 11:03:17

Was the physical examination performed?

Yes ☒

No ☐

Date of examination (dd MMM yyyy)

12 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

Generated On: 26 Nov 2020 11:03:17

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

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)	True
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)	False
Other	False
Specify	

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Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 11:03:17

Was this visit performed?	Yes ☒
	No ☐
Visit date (dd MMM yyyy)	12 AUG 2020
Was visit performed at the participant's home or at the clinic?	Home ☐
	Clinic ☒
Folder OID	VISIT1

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Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 11:03:17

What was the date of randomization? (dd MMM yyyy) 12 AUG 2020

What was the participant's randomization number? 143748

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 11:03:17

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 11:03:17

Height	ND - Not Done
Weight	ND - Not Done
Timepoint	Pre-Dose ☒ Post-Dose ☐
Were vital signs assessed?	Yes ☒ No ☐
Date of assessment (dd MMM yyyy)	12 AUG 2020
Time of assessment (00:00-23:59)	11:39 (24 HR)
Vital Signs Date and Time (derived)	12 AUG 2020 11:39
Temperature (xxx.x)	98.5 F
Route of measurement	Oral ☒ Axillary ☐ Other ☐
If Other, specify	
Pulse (xxx)	70 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	14 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	104 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	68 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 11:03:17

Height	ND - Not Done
Weight	ND - Not Done
Timepoint	Pre-Dose ☐ Post-Dose ☒
Were vital signs assessed?	Yes ☒ No ☐
Date of assessment (dd MMM yyyy)	12 AUG 2020
Time of assessment (00:00-23:59)	13:23 (24 HR)
Vital Signs Date and Time (derived)	12 AUG 2020 13:23
Temperature (xxx.x)	98.8 F
Route of measurement	Oral ☒ Axillary ☐ Other ☐
If Other, specify	
Pulse (xxx)	72 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	152 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	80 mmHg
Diastolic Blood Pressure units	MMHG

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Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 11:03:17

Was the physical examination performed?

Yes ☒

No ☐

Date of examination (dd MMM yyyy)

12 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: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 11:03:17

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) 12 AUG 2020

What was the treatment time? (00:00-23:59) 12:45 (24 HR)

Treatment Date and Time (derived) 12 AUG 2020 12:45

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 11:03:17

Was the sample collected?	Yes ☒
	No ☐
Collection date (<i>dd MMM yyyy</i>)	12 AUG 2020
Collection time (<i>00:00-23:59</i>)	12:23 (24 HR)
Collection date and time (derived)	12 AUG 2020 12:23

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Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 11:03:17

Collection date (<i>dd MMM yyyy</i>)			12 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	12:23	12 AUG 2020 12:23
Nasopharyngeal Swab 2	No		

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Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 11:03:17

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 11:03:17

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**

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 AUG 2020 13:05

PC Close Date & Time 12 AUG 2020 15:35

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Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 11:03:17

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 12 AUG 2020 16:30

PC Close Date & Time 13 AUG 2020 11:59

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 11:03:17

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**

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 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(3)

Generated On: 26 Nov 2020 11:03:17

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**

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 14 AUG 2020 12:00

PC Close Date & Time 15 AUG 2020 11:59

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 11:03:17

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 15 AUG 2020 12:00

PC Close Date & Time 16 AUG 2020 11:59

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 11:03:17

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

98.5 °F

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

Yes ☐

No ☒

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

PC Time Stamp

16 AUG 2020 19:52

PC Open Date & Time

16 AUG 2020 12:00

PC Close Date & Time

17 AUG 2020 11:59

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Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 11:03:17

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

98.3 °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

17 AUG 2020 23:59

PC Open Date & Time

17 AUG 2020 12:00

PC Close Date & Time

18 AUG 2020 11:59

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 11:03:17

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.

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

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

98.6 °F

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

Yes ☐

No ☒

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

PC Time Stamp

18 AUG 2020 23:59

PC Open Date & Time

18 AUG 2020 12:00

PC Close Date & Time

19 AUG 2020 11:59

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 11:03:17

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 ☐

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.**

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

PC Open Date & Time

12 AUG 2020 13:05

PC Close Date & Time

12 AUG 2020 15:35

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 11:03:17

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

12 AUG 2020 16:30

PC Close Date & Time

13 AUG 2020 11:59

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 11:03:17

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 ☐

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

13 AUG 2020 12:00

PC Close Date & Time

14 AUG 2020 11:59

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 11:03:17

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 ☐

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

14 AUG 2020 12:00

PC Close Date & Time

15 AUG 2020 11:59

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 11:03:17

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

15 AUG 2020 12:00

PC Close Date & Time

16 AUG 2020 11:59

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 11:03:17

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 19:52

PC Open Date & Time

16 AUG 2020 12:00

PC Close Date & Time

17 AUG 2020 11:59

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 11:03:17

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

18 AUG 2020 00:00

PC Open Date & Time

17 AUG 2020 12:00

PC Close Date & Time

18 AUG 2020 11:59

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 11:03:17

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

19 AUG 2020 00:00

PC Open Date & Time

18 AUG 2020 12:00

PC Close Date & Time

19 AUG 2020 11:59

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 11:03:17

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

No ☐

Yes ☐

PC Time stamp

PC Open Date & Time

12 AUG 2020 13:05

PC Close Date & Time

12 AUG 2020 15:35

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 11:03:17

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

No ☐

Yes ☐

PC Time stamp

PC Open Date & Time

12 AUG 2020 16:30

PC Close Date & Time

13 AUG 2020 11:59

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 11:03:17

	Yes ☐
PC Time stamp	
PC Open Date & Time	13 AUG 2020 12:00
PC Close Date & Time	14 AUG 2020 11:59

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 11:03:17

		Yes ☐
PC Time stamp		
PC Open Date & Time		14 AUG 2020 12:00
PC Close Date & Time		15 AUG 2020 11:59

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 11:03:17

		Yes ☐
PC Time stamp		
PC Open Date & Time		15 AUG 2020 12:00
PC Close Date & Time		16 AUG 2020 11:59

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 11:03:17

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 ☒

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 11:03:17

Yes ☐	
PC Time stamp	16 AUG 2020 19:51
PC Open Date & Time	16 AUG 2020 12:00
PC Close Date & Time	17 AUG 2020 11:59

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 11:03:17

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 ☒

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 11:03:17

Yes ☐	
PC Time stamp	18 AUG 2020 00:00
PC Open Date & Time	17 AUG 2020 12:00
PC Close Date & Time	18 AUG 2020 11:59

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 11:03:17

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 ☒

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 11:03:17

Yes ☐	
PC Time stamp	19 AUG 2020 00:00
PC Open Date & Time	18 AUG 2020 12:00
PC Close Date & Time	19 AUG 2020 11:59

US3392008

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

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

US3392008

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 11:03:17

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3392008

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

Was Contact Attempted?

Yes ☒

No ☐

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

28 AUG 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3392008

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 11:03:17

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3392008

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

Was Contact Attempted?

Yes ☒

No ☐

Date of Contact or Contact Attempt (dd MMM yyyy)

2 SEP 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3392008

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 11:03:17

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3392008

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 11:03:17

Was this visit performed?	Yes ☒
	No ☐
Visit date (dd MMM yyyy)	8 SEP 2020
Was visit performed at the participant's home or at the clinic?	Home ☐
	Clinic ☒
Folder OID	VISIT2

US3392008

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 11:03:17

Timepoint	Pre-Dose ☒
	Post-Dose ☐
Were vital signs assessed?	Yes ☐
	No ☒
Date of assessment (dd MMM yyyy)	
Time of assessment (00:00-23:59)	
Vital Signs Date and Time (derived)	
Temperature (xxx.x)	
Route of measurement	Oral ☐
	Axillary ☐
	Other ☐
If Other, specify	
Pulse (xxx)	
Pulse units	
Respiratory Rate (xxx)	
Respiratory Rate units	
Systolic Blood Pressure (xxx)	
Systolic Blood Pressure units	
Diastolic Blood Pressure (xxx)	
Diastolic Blood Pressure units	

US3392008

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 11:03:17

Timepoint	Pre-Dose ☐
	Post-Dose ☒
Were vital signs assessed?	Yes ☐
	No ☒
Date of assessment (dd MMM yyyy)	
Time of assessment (00:00-23:59)	
Vital Signs Date and Time (derived)	
Temperature (xxx.x)	
Route of measurement	Oral ☐
	Axillary ☐
	Other ☐
If Other, specify	
Pulse (xxx)	
Pulse units	
Respiratory Rate (xxx)	
Respiratory Rate units	
Systolic Blood Pressure (xxx)	
Systolic Blood Pressure units	
Diastolic Blood Pressure (xxx)	
Diastolic Blood Pressure units	

US3392008

Folder: Visit 2 Day 29 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 11:03:17

Was the physical examination performed?

Yes ☒

No ☐

Date of examination (dd MMM yyyy)

8 SEP 2020

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

US3392008

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 11:03:17

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?

What was the treatment date? (dd MMM yyyy)

What was the treatment time? (00:00-23:59)

Treatment Date and Time (derived)

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

What was the frequency of the study treatment dosing?

What was the route of administration for the study treatment?

US3392008

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 11:03:17

Was the sample collected?	Yes ☒
	No ☐
Collection date (<i>dd MMM yyyy</i>)	8 SEP 2020
Collection time (<i>00:00-23:59</i>)	10:23 (24 HR)
Collection date and time (derived)	8 SEP 2020 10:23

US3392008

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 11:03:17

Collection date (dd MMM yyyy)			8 SEP 2020
Lab Test	Was the sample collected?	Collection time (00:00 - 23:59)	Collection date and time (derived)
Nasopharyngeal Swab 1	Yes	10:20	8 SEP 2020 10:20
Nasopharyngeal Swab 2	No		

US3392008

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 26 Nov 2020 11:03:17

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3392008

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

Was Contact Attempted?

Yes ☒

No ☐

Date of Contact or Contact Attempt (dd MMM yyyy)

18 SEP 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3392008

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 26 Nov 2020 11:03:17

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3392008

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

Was Contact Attempted?

Yes ☒

No ☐

Date of Contact or Contact Attempt (dd MMM yyyy)

22 SEP 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3392008

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 26 Nov 2020 11:03:17

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3392008

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

Was Contact Attempted?

Yes ☒

No ☐

Date of Contact or Contact Attempt (dd MMM yyyy)

30 SEP 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3392008

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 26 Nov 2020 11:03:17

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3392008

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 11:03:17

Was this visit performed?	Yes ☒
	No ☐
Visit date (dd MMM yyyy)	5 OCT 2020
Was visit performed at the participant's home or at the clinic?	Home ☐
	Clinic ☒
Folder OID	VISIT3

US3392008

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

Were vital signs assessed?	Yes ☐
	No ☒
Date of assessment (<i>dd MMM yyyy</i>)	
Time of assessment (<i>00:00-23:59</i>)	
Vital Signs Date and Time (derived)	
Temperature (<i>xxx.x</i>)	
Route of measurement	Oral ☐
	Axillary ☐
	Other ☐
If Other, specify	
Pulse (<i>xxx</i>)	
Pulse units	
Respiratory Rate (<i>xxx</i>)	
Respiratory Rate units	
Systolic Blood Pressure (<i>xxx</i>)	
Systolic Blood Pressure units	
Diastolic Blood Pressure (<i>xxx</i>)	
Diastolic Blood Pressure units	
Height (derived)	
Weight (derived)	

US3392008

Folder: Visit 3 Day 57 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 11:03:17

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.

US3392008

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 11:03:17

Was the sample collected?	Yes ☒
	No ☐
Collection date (<i>dd MMM yyyy</i>)	5 OCT 2020
Collection time (<i>00:00-23:59</i>)	10:50 (24 HR)
Collection date and time (derived)	5 OCT 2020 10:50

US3392008

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 26 Nov 2020 11:03:17

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3392008

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☒ 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	12 OCT 2020 00:03:05
Patient Cloud Open Date & Time	12 OCT 2020 00:01
Patient Cloud Close Date & Time	16 OCT 2020 23:59

US3392008

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT	DAY 71
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No ☒ Yes ☐
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No ☒ Yes ☐
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Date and time of submission	19 OCT 2020 00:35:39
Patient Cloud Open Date & Time	19 OCT 2020 00:01
Patient Cloud Close Date & Time	23 OCT 2020 23:59

US3392008

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☒ 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	26 OCT 2020 02:39:27
Patient Cloud Open Date & Time	26 OCT 2020 00:01
Patient Cloud Close Date & Time	30 OCT 2020 23:59

US3392008

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

09 NOV 2020 00:01:53

Patient Cloud Open Date & Time

09 NOV 2020 00:01

Patient Cloud Close Date & Time

13 NOV 2020 23:59

US3392008

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☒

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

16 NOV 2020 00:33:34

Patient Cloud Open Date & Time

16 NOV 2020 00:01

Patient Cloud Close Date & Time

20 NOV 2020 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

13 OCT 2020 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

16 OCT 2020 00:01

[Patient Cloud Close Date & Time](#)

20 OCT 2020 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT	DAY 75
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No ☐ Yes ☐
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No ☐ Yes ☐
Please contact your study clinic immediately. Click below to confirm that you have read this 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

27 OCT 2020 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

30 OCT 2020 00:01

[Patient Cloud Close Date & Time](#)

03 NOV 2020 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

06 NOV 2020 00:01

[Patient Cloud Close Date & Time](#)

10 NOV 2020 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

17 NOV 2020 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

23 NOV 2020 00:11:21

Patient Cloud Open Date & Time

20 NOV 2020 00:01

Patient Cloud Close Date & Time

24 NOV 2020 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

27 NOV 2020 00:01

[Patient Cloud Close Date & Time](#)

01 DEC 2020 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

04 DEC 2020 00:01

[Patient Cloud Close Date & Time](#)

08 DEC 2020 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

11 DEC 2020 00:01

[Patient Cloud Close Date & Time](#)

15 DEC 2020 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

18 DEC 2020 00:01

[Patient Cloud Close Date & Time](#)

22 DEC 2020 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

29 DEC 2020 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

05 JAN 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

12 JAN 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

19 JAN 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

26 JAN 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

02 FEB 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

05 FEB 2021 00:01

[Patient Cloud Close Date & Time](#)

09 FEB 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

16 FEB 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

19 FEB 2021 00:01

[Patient Cloud Close Date & Time](#)

23 FEB 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

26 FEB 2021 00:01

[Patient Cloud Close Date & Time](#)

02 MAR 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

05 MAR 2021 00:01

[Patient Cloud Close Date & Time](#)

09 MAR 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

16 MAR 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

19 MAR 2021 00:01

[Patient Cloud Close Date & Time](#)

23 MAR 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

26 MAR 2021 00:01

[Patient Cloud Close Date & Time](#)

30 MAR 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

06 APR 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

09 APR 2021 00:01

[Patient Cloud Close Date & Time](#)

13 APR 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

16 APR 2021 00:01

[Patient Cloud Close Date & Time](#)

20 APR 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

23 APR 2021 00:01

[Patient Cloud Close Date & Time](#)

27 APR 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

04 MAY 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

11 MAY 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

18 MAY 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

25 MAY 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT	DAY 292
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No ☐ Yes ☐
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No ☐ Yes ☐
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately ☐
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No ☐ Yes ☐
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	☐
Chills	☐
Cough	☐
Shortness of breath	☐
Difficulty breathing	☐
Fatigue	☐
Muscle aches	☐
Body aches	☐
Headache	☐
New loss of taste	☐
New loss of smell	☐
Sore throat	☐
Congestion	☐
Runny nose	☐
Nausea	☐
Vomiting	☐
Diarrhea	☐
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately ☐
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No ☐ Yes ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

01 JUN 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

DAY 299

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

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

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

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

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

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

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

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

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

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

04 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

08 JUN 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

11 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

15 JUN 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

18 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

22 JUN 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

25 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

29 JUN 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

06 JUL 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

09 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

13 JUL 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

16 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

20 JUL 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

27 JUL 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

30 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

03 AUG 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

10 AUG 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

17 AUG 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

20 AUG 2021 00:01

[Patient Cloud Close Date & Time](#)

24 AUG 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

27 AUG 2021 00:01

[Patient Cloud Close Date & Time](#)

31 AUG 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

07 SEP 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

14 SEP 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

21 SEP 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

28 SEP 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

05 OCT 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

08 OCT 2021 00:01

[Patient Cloud Close Date & Time](#)

12 OCT 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

19 OCT 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

26 OCT 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

02 NOV 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

05 NOV 2021 00:01

[Patient Cloud Close Date & Time](#)

09 NOV 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

16 NOV 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

19 NOV 2021 00:01

[Patient Cloud Close Date & Time](#)

23 NOV 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

26 NOV 2021 00:01

[Patient Cloud Close Date & Time](#)

30 NOV 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

07 DEC 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

14 DEC 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

21 DEC 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

28 DEC 2021 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

DAY 509

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

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

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

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

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

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

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

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

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

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

04 JAN 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

11 JAN 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

18 JAN 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

25 JAN 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

01 FEB 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

04 FEB 2022 00:01

[Patient Cloud Close Date & Time](#)

08 FEB 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

11 FEB 2022 00:01

[Patient Cloud Close Date & Time](#)

15 FEB 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

22 FEB 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

01 MAR 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

04 MAR 2022 00:01

[Patient Cloud Close Date & Time](#)

08 MAR 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

11 MAR 2022 00:01

[Patient Cloud Close Date & Time](#)

15 MAR 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

22 MAR 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

29 MAR 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

05 APR 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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°F/38°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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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12 APR 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

19 APR 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

26 APR 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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03 MAY 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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10 MAY 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

17 MAY 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

20 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

24 MAY 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

27 MAY 2022 00:01

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31 MAY 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

07 JUN 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

14 JUN 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

DAY 677

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

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

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

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

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

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

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

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

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

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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21 JUN 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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28 JUN 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

05 JUL 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

DAY 698

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

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

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

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

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

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

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

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

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

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

12 JUL 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

19 JUL 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

26 JUL 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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02 AUG 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

05 AUG 2022 00:01

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09 AUG 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

DAY 733

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

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

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

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

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

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

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

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

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

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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16 AUG 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

19 AUG 2022 00:01

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23 AUG 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

26 AUG 2022 00:01

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30 AUG 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT	DAY 754
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No ☐ Yes ☐
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No ☐ Yes ☐
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately ☐
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No ☐ Yes ☐
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	☐
Chills	☐
Cough	☐
Shortness of breath	☐
Difficulty breathing	☐
Fatigue	☐
Muscle aches	☐
Body aches	☐
Headache	☐
New loss of taste	☐
New loss of smell	☐
Sore throat	☐
Congestion	☐
Runny nose	☐
Nausea	☐
Vomiting	☐
Diarrhea	☐
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately ☐
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No ☐ Yes ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

06 SEP 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

13 SEP 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

16 SEP 2022 00:01

[Patient Cloud Close Date & Time](#)

20 SEP 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

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27 SEP 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

04 OCT 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

11 OCT 2022 23:59

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 ☐ 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 ☐

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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

[Patient Cloud Close Date & Time](#)

18 OCT 2022 23:59

US3392008

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

Was Contact Attempted?

Yes ☒

No ☐

Date of Contact or Contact Attempt (dd MMM yyyy)

4 NOV 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3392008

Folder: Safety Call Day 85 (1)

Form: Continuing

Generated On: 26 Nov 2020 11:03:17

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3392008

Folder: Safety Call Day 119 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

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

US3392008

Folder: Safety Call Day 119 (1)

Form: Continuing

Generated On: 26 Nov 2020 11:03:17

Is the participant continuing to the next visit?

Yes ☐

No ☐

Continuing Flag

US3392008

Folder: Covid-19 Assessment (2)

Form: COVID-19 Contact

Generated On: 26 Nov 2020 11:03:17

Date of Contact	
Time of Contact	
Date and Time of Contact (derived)	
Type of Contact	Clinic Visit - Scheduled ☐
	Clinical Visit - Unscheduled ☐
	Safety Call ☐
	Convalescent Tele-visit ☐
Has the subject reported symptoms of SARS-COV-2?	Yes ☐
	No ☐

US3392008

Folder: Covid-19 Assessment (2)

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 11:03:17

Generate Next COVID-19 Assessment

Yes ☐

No ☐

US3392008

Folder: Covid-19 Assessment 12 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 11:03:17

Date of Contact	12 AUG 2020
Time of Contact	15:29
Date and Time of Contact (derived)	12 AUG 2020 15:29
Type of Contact	Clinic Visit - Scheduled ☐
	Clinical Visit - Unscheduled ☐
	Safety Call ☒
	Convalescent Tele-visit ☐
Has the subject reported symptoms of SARS-COV-2?	Yes ☐
	No ☒

US3392008

Folder: Covid-19 Assessment 12 Aug 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 11:03:17

[Generate Next COVID-19 Assessment](#)

Yes ☐

No ☒

US3392008

Folder: Adverse Events

Form: Adverse Events Summary

Generated On: 26 Nov 2020 11:03:17

Did the participant experience any adverse events?

Yes ☒

No ☐

If Yes, enter details on the Adverse Events form.

US3392008

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination Summary

Generated On: 26 Nov 2020 11:03:17

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

Yes ☐

No ☒

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

US3392008

Folder: Concomitant Procedures (1)

Form: Concomitant Procedures Summary

Generated On: 26 Nov 2020 11:03:17

Were any concomitant procedures performed?

Yes ☐

No ☒

If yes, please complete Concomitant Procedures form.

US3392008

Folder: End of Study (1)

Form: Dosing Discontinuation

Generated On: 26 Nov 2020 11:03:17

Date of dosing discontinuation (dd MMM yyyy)

19 AUG 2020

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 _____

US3392008

Folder: End of Study (1)

Form: End of Study / Study Discontinuation

Generated On: 26 Nov 2020 11:03:17

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 ☐

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

SAEID	USA-US119-2020-MRNA-1273-P301000002
Serious	Yes ☐ No ☒
Death	Yes ☐ No ☒
Life threatening	Yes ☐ No ☒
Requires inpatient or prolongation of existing Hospitalization	Yes ☐ No ☒
Persistent or significant disability or incapacity	Yes ☐ No ☒
Congenital anomaly or birth defect	Yes ☐ No ☒
Other medically important event	Yes ☐ No ☒
Investigator's First Name	MICHAEL
Investigator's Last Name	COTUGNO
Site Address: Street	
Site Address: City	
Site Address: State	
Site Address: Postal Code	
Investigator Country	US
E2B Transmit Flag (Derived/Hidden)	2

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form (1)

Generated On: 26 Nov 2020 11:03:17

SAEID	USA-US119-2020-MRNA-1273-P301000002
Serious	Yes ☐ No ☒
Death	Yes ☐ No ☒
Life threatening	Yes ☐ No ☒
Requires inpatient or prolongation of existing Hospitalization	Yes ☐ No ☒
Persistent or significant disability or incapacity	Yes ☐ No ☒
Congenital anomaly or birth defect	Yes ☐ No ☒
Other medically important event	Yes ☐ No ☒
Investigator's First Name	MICHAEL
Investigator's Last Name	COTUGNO
Site Address: Street	
Site Address: City	
Site Address: State	
Site Address: Postal Code	
Investigator Country	US
E2B Transmit Flag (Derived/Hidden)	2
Date of submission (Pre-filled from custom function)	23/SEP/2020 21:41
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

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form (2)

Generated On: 26 Nov 2020 11:03:17

SAEID	USA-US119-2020-MRNA-1273-P301000002
Serious	Yes ☐ No ☒
Death	Yes ☐ No ☒
Life threatening	Yes ☐ No ☒
Requires inpatient or prolongation of existing Hospitalization	Yes ☐ No ☒
Persistent or significant disability or incapacity	Yes ☐ No ☒
Congenital anomaly or birth defect	Yes ☐ No ☒
Other medically important event	Yes ☐ No ☒
Investigator's First Name	MICHAEL
Investigator's Last Name	COTUGNO
Site Address: Street	
Site Address: City	
Site Address: State	
Site Address: Postal Code	
Investigator Country	US
E2B Transmit Flag (Derived/Hidden)	2
Date of submission (Pre-filled from custom function)	25/SEP/2020 11:19
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

US3392008 (Prod: Benchmark Research - Metairie - PPDS)

US3392008

Form: Participant Creation

Generated On: 26 Nov 2020 11:03:17

[Participant ID](#)

Audit	User	Time (GMT)
User entered 'US3392008'	RWS_ENDPOINT ENDPOINT (b) (4) 	12 Aug 2020 16:44:39

US3392008

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 11:03:17

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Brandon Illickal (b) (4)	13 Aug 2020 00:26:00

US3392008

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User closed query 'Screening Visit Date is not within 28 days of Visit 1. Please reconcile or confirm dates.' (Site from System).	System	14 Aug 2020 17:38:17
Query 'Screening Visit Date is not within 28 days of Visit 1. Please reconcile or confirm dates.' answered by data change (Site from System).	System	14 Aug 2020 17:38:17
User opened query 'Screening Visit Date is not within 28 days of Visit 1. Please reconcile or confirm dates.' (Site from System).	System	13 Aug 2020 00:44:34
User entered '12 AUG 2020'	RWS_ENDPOINT ENDPOINT (b) (4) 	12 Aug 2020 16:44:40

US3392008

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 11:03:17

[Was visit performed at the participant's home or at the clinic?](#)

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	Brandon Illickal (b) (4)	13 Aug 2020 00:26:00

US3392008

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 11:03:17

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'SCRN'	System	13 Aug 2020 00:26:00

US3392008

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 11:03:17

[Date of Birth \(MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered (b) (6) 1992'	RWS_ENDPOINT ENDPOINT (b) (4) [REDACTED]	12 Aug 2020 16:44:41

US3392008

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 11:03:17

[Age](#)

Audit	User	Time (GMT)
User entered '28'	Brandon Illickal (b) (4)	13 Aug 2020 00:28:54

US3392008

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 11:03:17

[Age Units](#)

Audit	User	Time (GMT)
User entered 'YEARS'	System	13 Aug 2020 00:28:54

US3392008

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 11:03:17

[Age \(Derived\)](#)

Audit	User	Time (GMT)
User entered '28'	System	13 Aug 2020 00:29:11

US3392008

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 11:03:17

Sex

Audit	User	Time (GMT)
User entered 'Male (M)'	Brandon Illickal (b) (4)	13 Aug 2020 00:28:54

US3392008

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 11:03:17

[Ethnicity](#)

Audit	User	Time (GMT)
User entered 'Not Hispanic or Latino (NOT HISPANIC OR LATINO)'	Brandon Illickal (b) (4)	13 Aug 2020 00:28:54

US3392008

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 11:03:17

White

Audit	User	Time (GMT)
User entered '1'	Brandon Illickal (b) (4)	13 Aug 2020 00:28:54

US3392008

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 11:03:17

Black

Audit	User	Time (GMT)
User entered '0'	Brandon Illickal (b) (4)	13 Aug 2020 00:28:54

US3392008

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 11:03:17

[Asian](#)

Audit	User	Time (GMT)
User entered '0'	Brandon Illickal (b) (4)	13 Aug 2020 00:28:54

US3392008

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 11:03:17

[American Indian or Alaska Native](#)

Audit	User	Time (GMT)
User entered '0'	Brandon Illickal (b) (4)	13 Aug 2020 00:28:54

US3392008

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 11:03:17

[Native Hawaiian or other Pacific Islander](#)

Audit	User	Time (GMT)
User entered '0'	Brandon Illickal (b) (4)	13 Aug 2020 00:28:54

US3392008

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 11:03:17

[Other](#)

Audit	User	Time (GMT)
User entered '0'	Brandon Illickal (b) (4)	13 Aug 2020 00:28:54

US3392008

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 11:03:17

If race is Other, specify

Audit	User	Time (GMT)
User entered empty.	Brandon Illickal (b) (4)	13 Aug 2020 00:28:54

US3392008

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 11:03:17

Unknown

Audit	User	Time (GMT)
User entered '0'	Brandon Illickal (b) (4)	13 Aug 2020 00:28:54

US3392008

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 11:03:17

[Not reported](#)

Audit	User	Time (GMT)
User entered '0'	Brandon Illickal (b) (4)	13 Aug 2020 00:28:54

US3392008

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 11:03:17

Date of Informed Consent (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '12 Aug 2020'	Brandon Illickal (b) (4)	13 Aug 2020 00:29:11

US3392008

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered 'Aug 2020'	System	13 Aug 2020 00:29:11

US3392008

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered '2020'	System	13 Aug 2020 00:29:11

US3392008

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 11:03:17

[Protocol Version](#)

Audit	User	Time (GMT)
User entered 'Amendment 2 (2)'	Brandon Illickal (b) (4)	13 Aug 2020 00:29:11

US3392008

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Brandon Illickal (b) (4)	13 Aug 2020 00:29:11

US3392008

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 11:03:17

If No, indicate reason for screen fail

Audit	User	Time (GMT)
User entered empty.	Brandon Illickal (b) (4)	13 Aug 2020 00:29:11

US3392008

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 11:03:17

If reason for screen fail is Other, specify

Audit	User	Time (GMT)
User entered empty.	Brandon Illickal (b) (4)	13 Aug 2020 00:29:11

US3392008

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 11:03:17

[Was this participant screened previously?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Brandon Illickal (b) (4)	13 Aug 2020 00:29:11

US3392008

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 11:03:17

[If Yes, previous participant number](#)

Audit	User	Time (GMT)
User entered empty.	RWS_ENDPOINT ENDPOINT (b) (4) [REDACTED]	12 Aug 2020 16:44:40

US3392008

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 11:03:17

[Enrollment Trigger](#)

Audit	User	Time (GMT)
User entered '1'	System	13 Aug 2020 00:29:17

US3392008

Folder: Screening

Form: Inclusion/Exclusion Criteria Summary

Generated On: 26 Nov 2020 11:03:17

Did the participant meet all eligibility criteria?

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Brandon Illickal (b) (4)	13 Aug 2020 00:29:17

US3392008

Folder: Screening

Form: Medical History Summary

Generated On: 26 Nov 2020 11:03:17

[Were any significant conditions reported?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Brandon Illickal (b) (4)	13 Aug 2020 00:30:28

US3392008

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 11:03:17

[Condition](#)

Audit	User	Time (GMT)
User coded data point as SOC: Metabolism and nutrition disorders, HLGT: Appetite and general nutritional disorders, HLT: General nutritional disorders NEC, PT: Obesity, LLT: Obesity - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	13 Aug 2020 00:35:12
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	13 Aug 2020 00:35:12
Data point term sent to Coder	System	13 Aug 2020 00:33:55
User entered 'Obesity'	Brandon Illickal (b) (4) (b) (4) (b) (4)	13 Aug 2020 00:33:03

US3392008

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered 'UN Jun 2002'	Brandon Illickal (b) (4)	13 Aug 2020 00:33:03

US3392008

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 11:03:17

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Brandon Illickal (b) (4)	13 Aug 2020 00:33:03

US3392008

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 11:03:17

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Brandon Illickal (b) (4)	13 Aug 2020 00:33:03

US3392008

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered empty.	Brandon Illickal (b) (4)	13 Aug 2020 00:33:03

US3392008

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 11:03:17

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Brandon Illickal (b) (4)	13 Aug 2020 00:33:03

US3392008

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered 'Jun 2002'	System	13 Aug 2020 00:33:03

US3392008

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered '2002'	System	13 Aug 2020 00:33:03

US3392008

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered empty.	System	13 Aug 2020 00:33:03

US3392008

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered empty.	System	13 Aug 2020 00:33:03

US3392008

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Brandon Illickal (b) (4)	13 Aug 2020 00:35:26

US3392008

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '12 Aug 2020'	Brandon Illickal (b) (4)	13 Aug 2020 00:35:26

US3392008

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered '11:39'	Brandon Illickal (b) (4)	13 Aug 2020 00:35:26

US3392008

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered '12 Aug 2020 11:39'	System	13 Aug 2020 00:35:26

US3392008

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered '69.0' in	Brandon Illickal (b) (4)	13 Aug 2020 00:35:26
DataPoint set to visible.	System	13 Aug 2020 00:29:17

US3392008

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered '300.4' lb	Brandon Illickal (b) (4)	13 Aug 2020 00:35:26
DataPoint set to visible.	System	13 Aug 2020 00:29:17

US3392008

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

BMI (xxx.x)

Audit	User	Time (GMT)
Amendment Manager: User entered '44.45408'	System	16 Sep 2020 23:53:43
User entered '44.5'	System	13 Aug 2020 00:35:26
DataPoint set to visible.	System	13 Aug 2020 00:29:17

US3392008

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

[BMI units](#)

Audit	User	Time (GMT)
User entered 'kg/m2'	System	13 Aug 2020 00:35:26
DataPoint set to visible.	System	13 Aug 2020 00:29:17

US3392008

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

Temperature (xxx.x)

Audit	User	Time (GMT)
User closed query 'Per CDM: Per CCGs pages 15-16, when Screening and Visit 1 are done on the same day, ND should be recorded for TEMPERATURE, PULSE, RESPIRATORY RATE, SYSTOLIC BP, and DIASTOLIC BP on Screening CRF. Please update accordingly. ' (Site from DM).	(b) (4), (b) (6)	25 Sep 2020 19:30:06
Query 'Per CDM: Per CCGs pages 15-16, when Screening and Visit 1 are done on the same day, ND should be recorded for TEMPERATURE, PULSE, RESPIRATORY RATE, SYSTOLIC BP, and DIASTOLIC BP on Screening CRF. Please update accordingly. ' answered with 'CRF UPDATED PER QUERY RESOLUTION' (Site from DM).	(b) (4), (b) (6)	24 Sep 2020 19:49:43
User entered missing code ND - Not Done; reason for change Data Entry Error	(b) (4), (b) (6)	24 Sep 2020 19:05:18
User opened query 'Per CDM: Per CCGs pages 15-16, when Screening and Visit 1 are done on the same day, ND should be recorded for TEMPERATURE, PULSE, RESPIRATORY RATE, SYSTOLIC BP, and DIASTOLIC BP on Screening CRF. Please update accordingly. ' (Site from DM).	(b) (4), (b) (6)	23 Sep 2020 17:27:26
User entered '98.5' F	Brandon Illickal (b) (4)	13 Aug 2020 00:35:26

US3392008

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

[Route of measurement](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	(b) (4), (b) (6)	24 Sep 2020 19:05:18
User entered 'Oral (Oral)'	Brandon Illickal (b) (4)	13 Aug 2020 00:35:26

US3392008

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Brandon Illickal (b) (4)	13 Aug 2020 00:35:26

US3392008

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	(b) (4), (b) (6)	24 Sep 2020 19:05:18
User entered '70'	Brandon Illickal (b) (4)	13 Aug 2020 00:35:26

US3392008

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	13 Aug 2020 00:35:26

US3392008

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	(b) (4), (b) (6)	24 Sep 2020 19:05:18
User entered '14'	Brandon Illickal (b) (4)	13 Aug 2020 00:35:26

US3392008

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	13 Aug 2020 00:35:26

US3392008

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	(b) (4), (b) (6)	24 Sep 2020 19:05:18
User entered '104'	Brandon Illickal (b) (4)	13 Aug 2020 00:35:26

US3392008

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	13 Aug 2020 00:35:26

US3392008

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	(b) (4), (b) (6)	24 Sep 2020 19:05:18
User entered '68'	Brandon Illickal (b) (4)	13 Aug 2020 00:35:26

US3392008

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	13 Aug 2020 00:35:26

US3392008

Folder: Screening

Form: Physical Examination

Generated On: 26 Nov 2020 11:03:17

Was the physical examination performed?

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Brandon Illickal (b) (4)	13 Aug 2020 00:35:46

US3392008

Folder: Screening

Form: Physical Examination

Generated On: 26 Nov 2020 11:03:17

Date of examination (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '12 Aug 2020'	Brandon Illickal (b) (4)	13 Aug 2020 00:35:46

US3392008

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered 'No (N)'	Brandon Illickal (b) (4)	13 Aug 2020 00:37:53

US3392008

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered 'No (N)'	Brandon Illickal (b) (4)	13 Aug 2020 00:37:53

US3392008

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 11:03:17

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)'	Brandon Illickal (b) (4)	13 Aug 2020 00:37:53

US3392008

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered 'No (N)'	Brandon Illickal (b) (4)	13 Aug 2020 00:37:53

US3392008

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered 'No (N)'	Brandon Illickal (b) (4)	13 Aug 2020 00:37:53

US3392008

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Brandon Illickal (b) (4)	13 Aug 2020 00:37:53

US3392008

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 11:03:17

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)'	Brandon Illickal (b) (4)	13 Aug 2020 00:37:53

US3392008

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 11:03:17

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)'	Brandon Illickal (b) (4)	13 Aug 2020 00:37:53

US3392008

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered 'No (N)'	Brandon Illickal (b) (4)	13 Aug 2020 00:37:53

US3392008

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 11:03:17

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)'	Brandon Illickal (b) (4)	13 Aug 2020 00:37:53

US3392008

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 11:03:17

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)'	Brandon Illickal (b) (4)	13 Aug 2020 00:37:53

US3392008

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 11:03:17

[Other](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Brandon Illickal (b) (4)	13 Aug 2020 00:37:53

US3392008

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 11:03:17

[Specify](#)

Audit	User	Time (GMT)
User entered empty.	Brandon Illickal (b) (4)	13 Aug 2020 00:37:53

US3392008

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 11:03:17

No Risk Identified

Audit	User	Time (GMT)
User entered '0'	Brandon Illickal (b) (4)	13 Aug 2020 00:37:53

US3392008

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered '0'	Brandon Illickal (b) (4)	13 Aug 2020 00:37:53

US3392008

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 11:03:17

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'	Brandon Illickal (b) (4)	13 Aug 2020 00:37:53

US3392008

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered '1'	Brandon Illickal (b) (4)	13 Aug 2020 00:37:53

US3392008

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 11:03:17

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'	Brandon Illickal (b) (4)	13 Aug 2020 00:37:53

US3392008

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered '0'	Brandon Illickal (b) (4)	13 Aug 2020 00:37:53

US3392008

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 11:03:17

[Other](#)

Audit	User	Time (GMT)
User entered '0'	Brandon Illickal (b) (4)	13 Aug 2020 00:37:53

US3392008

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 11:03:17

[Specify](#)

Audit	User	Time (GMT)
User entered empty.	Brandon Illickal (b) (4)	13 Aug 2020 00:37:53

US3392008

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 11:03:17

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Brandon Illickal (b) (4)	13 Aug 2020 00:39:42

US3392008

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User closed query 'Visit 1 Date is not equal to the Visit 1 Treatment Date. Please reconcile or confirm dates.' (Site from System).	System	14 Aug 2020 17:38:17
Query 'Visit 1 Date is not equal to the Visit 1 Treatment Date. Please reconcile or confirm dates.' answered by data change (Site from System).	System	14 Aug 2020 17:38:17
User opened query 'Visit 1 Date is not equal to the Visit 1 Treatment Date. Please reconcile or confirm dates.' (Site from System).	System	13 Aug 2020 00:44:34
User entered '12 Aug 2020'	Brandon Illickal (b) (4)	13 Aug 2020 00:39:42

US3392008

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	Brandon Illickal (b) (4)	13 Aug 2020 00:39:42

US3392008

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 11:03:17

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'VISIT1'	System	13 Aug 2020 00:39:42

US3392008

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User closed query 'The Randomization Date is not equal to first dose of study drug on the Exposure Form. Please review and reconcile.' (Site from System).	System	14 Aug 2020 17:38:17
Query 'The Randomization Date is not equal to first dose of study drug on the Exposure Form. Please review and reconcile.' answered by data change (Site from System).	System	14 Aug 2020 17:38:17
User opened query 'The Randomization Date is not equal to first dose of study drug on the Exposure Form. Please review and reconcile.' (Site from System).	System	13 Aug 2020 00:44:34
User entered '12 AUG 2020'	RWS_ENDPOINT ENDPOINT (b) (4) [REDACTED]	12 Aug 2020 17:19:09

US3392008

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 11:03:17

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 03:54:20
Amendment Manager: Data point set to conformant.	System	21 Aug 2020 03:54:20
User opened query 'Data entered is non-conformant. Please correct.' (Site from System).	System	12 Aug 2020 17:19:09
User entered '143748' (non-conformant).	RWS_ENDPOINT ENDPOINT (b) (4) [REDACTED]	12 Aug 2020 17:19:09

US3392008

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 11:03:17

[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) 	12 Aug 2020 17:19:09

US3392008

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 11:03:17

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)'	Brandon Illickal (b) (4)	13 Aug 2020 00:39:55

US3392008

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered 'No (N)'	Brandon Illickal (b) (4)	13 Aug 2020 00:39:55

US3392008

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Brandon Illickal (b) (4)	13 Aug 2020 00:39:55

US3392008

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 11:03:17

Diabetes (Type I, Type 2, or gestational)

Audit	User	Time (GMT)
User entered 'No (N)'	Brandon Illickal (b) (4)	13 Aug 2020 00:39:55

US3392008

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 11:03:17

[Liver Disease](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Brandon Illickal (b) (4)	13 Aug 2020 00:39:55

US3392008

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered 'No (N)'	Lois Eaglin (b) (4)	22 Sep 2020 21:27:51
Amendment Manager: DataPoint set to visible.	System	19 Sep 2020 10:18:43
Amendment Manager inserted this DataPoint.	System	19 Sep 2020 06:48:04

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 11:03:17

Height

Audit	User	Time (GMT)
User closed query 'Per CCGs pages 15 & 16, if Screening and Day 1 were performed on the same day, Height and Weight should be recorded as 'ND' in Visit 1 Day 1. Please review and update accordingly. ' (Site from DM).	(b) (4), (b) (6)	25 Sep 2020 19:29:59
Query 'Per CCGs pages 15 & 16, if Screening and Day 1 were performed on the same day, Height and Weight should be recorded as 'ND' in Visit 1 Day 1. Please review and update accordingly. ' answered with 'updated' (Site from DM).	Brandon Illickal (b) (4)	24 Sep 2020 19:03:42
User entered missing code ND - Not Done; reason for change Data Entry Error	Brandon Illickal (b) (4)	24 Sep 2020 19:03:37
User opened query 'Per CCGs pages 15 & 16, if Screening and Day 1 were performed on the same day, Height and Weight should be recorded as 'ND' in Visit 1 Day 1. Please review and update accordingly. ' (Site from DM).	(b) (4), (b) (6)	23 Sep 2020 17:27:13
User entered '69.0' in	Brandon Illickal (b) (4)	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 11:03:17

Weight

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	Brandon Illickal (b) (4) [REDACTED]	24 Sep 2020 19:03:37
User entered '300.4' lb	Brandon Illickal (b) (4) [REDACTED]	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 11:03:17

Height

Audit	User	Time (GMT)
User closed query 'Per CCGs pages 15 & 16, if Screening and Day 1 were performed on the same day, Height and Weight should be recorded as 'ND' in Visit 1 Day 1. Please review and update accordingly. ' (Site from DM).	(b) (4), (b) (6)	25 Sep 2020 19:29:59
Query 'Per CCGs pages 15 & 16, if Screening and Day 1 were performed on the same day, Height and Weight should be recorded as 'ND' in Visit 1 Day 1. Please review and update accordingly. ' answered with 'updated' (Site from DM).	Brandon Illickal (b) (4)	24 Sep 2020 19:03:42
User entered missing code ND - Not Done; reason for change Data Entry Error	Brandon Illickal (b) (4)	24 Sep 2020 19:03:37
User opened query 'Per CCGs pages 15 & 16, if Screening and Day 1 were performed on the same day, Height and Weight should be recorded as 'ND' in Visit 1 Day 1. Please review and update accordingly. ' (Site from DM).	(b) (4), (b) (6)	23 Sep 2020 17:27:13
User entered '69.0' in	Brandon Illickal (b) (4)	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 11:03:17

Weight

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	Brandon Illickal (b) (4)	24 Sep 2020 19:03:37
User entered '300.4' lb	Brandon Illickal (b) (4)	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 11:03:17

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Pre-Dose (PREDOSE)'	Brandon Illickal (b) (4)	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 11:03:17

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Brandon Illickal (b) (4)	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 11:03:17

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '12 Aug 2020'	Brandon Illickal (b) (4)	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User closed query 'Pre-dose vital signs time is not prior to the Dose Time. Please review and reconcile.' (Site from System).	System	14 Aug 2020 17:38:17
User opened query 'Pre-dose vital signs time is not prior to the Dose Time. Please review and reconcile.' (Site from System).	System	13 Aug 2020 00:44:34
User entered '11:39'	Brandon Illickal (b) (4)	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered '12 Aug 2020 11:39'	System	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 11:03:17

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '98.5' F	Brandon Illickal (b) (4)	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 11:03:17

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	Brandon Illickal (b) (4)	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 11:03:17

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Brandon Illickal (b) (4)	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 11:03:17

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '70'	Brandon Illickal (b) (4)	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 11:03:17

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered '14'	Brandon Illickal (b) (4)	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 11:03:17

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 11:03:17

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '104'	Brandon Illickal (b) (4)	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 11:03:17

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 11:03:17

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '68'	Brandon Illickal (b) (4)	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 11:03:17

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 11:03:17

Height

Audit	User	Time (GMT)
User closed query 'Per CCGs pages 15 & 16, if Screening and Day 1 were performed on the same day, Height and Weight should be recorded as 'ND' in Visit 1 Day 1. Please review and update accordingly. ' (Site from DM).	(b) (4), (b) (6)	25 Sep 2020 19:29:59
Query 'Per CCGs pages 15 & 16, if Screening and Day 1 were performed on the same day, Height and Weight should be recorded as 'ND' in Visit 1 Day 1. Please review and update accordingly. ' answered with 'updated' (Site from DM).	Brandon Illickal (b) (4)	24 Sep 2020 19:03:42
User entered missing code ND - Not Done; reason for change Data Entry Error	Brandon Illickal (b) (4)	24 Sep 2020 19:03:37
User opened query 'Per CCGs pages 15 & 16, if Screening and Day 1 were performed on the same day, Height and Weight should be recorded as 'ND' in Visit 1 Day 1. Please review and update accordingly. ' (Site from DM).	(b) (4), (b) (6)	23 Sep 2020 17:27:13
User entered '69.0' in	Brandon Illickal (b) (4)	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 11:03:17

Weight

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	Brandon Illickal (b) (4)	24 Sep 2020 19:03:37
User entered '300.4' lb	Brandon Illickal (b) (4)	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 11:03:17

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Post-Dose (POSTDOSE)'	Brandon Illickal (b) (4)	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 11:03:17

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User closed query 'Data is required. Please complete.' (Site from System).	System	13 Aug 2020 00:43:38
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	13 Aug 2020 00:43:38
User entered 'Yes (Y)' reason for change: Per Query Resolution	Brandon Illickal (b) (4)	13 Aug 2020 00:43:38
User opened query 'Data is required. Please complete.' (Site from System).	System	13 Aug 2020 00:43:16
User entered empty.	Brandon Illickal (b) (4)	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 11:03:17

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '12 Aug 2020'	Brandon Illickal (b) (4)	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
Query 'Post-dose vital signs time is prior to or less than 60 minutes after the Dose Time. Please review and reconcile.' canceled (Site from System).	(b) (4), (b) (6)	17 Aug 2020 07:29:47
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).		14 Aug 2020 17:38:17
User entered '13:23'	Brandon Illickal (b) (4)	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered '12 Aug 2020 13:23'	System	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 11:03:17

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '98.8' F	Brandon Illickal (b) (4)	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 11:03:17

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	Brandon Illickal (b) (4)	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 11:03:17

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Brandon Illickal (b) (4)	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 11:03:17

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '72'	Brandon Illickal (b) (4)	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 11:03:17

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered '16'	Brandon Illickal (b) (4)	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 11:03:17

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 11:03:17

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '152'	Brandon Illickal (b) (4)	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 11:03:17

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 11:03:17

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '80'	Brandon Illickal (b) (4)	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 11:03:17

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	13 Aug 2020 00:43:16

US3392008

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 11:03:17

[Was the physical examination performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Brandon Illickal (b) (4)	13 Aug 2020 00:43:48

US3392008

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 11:03:17

Date of examination (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '12 Aug 2020'	Brandon Illickal (b) (4)	13 Aug 2020 00:43:48

US3392008

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 11:03:17

[Was study treatment given?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Brandon Illickal (b) (4)	13 Aug 2020 00:44:34

US3392008

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 11:03:17

[If No, reason not given](#)

Audit	User	Time (GMT)
User entered empty.	Brandon Illickal (b) (4)	13 Aug 2020 00:44:34

US3392008

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered empty.	Brandon Illickal (b) (4)	13 Aug 2020 00:44:34

US3392008

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 11:03:17

[What was the study treatment?](#)

Audit	User	Time (GMT)
User entered 'MRNA-1273 OR PLACEBO'	System	13 Aug 2020 00:44:34

US3392008

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 11:03:17

What was the treatment date? (dd MMM yyyy)

Audit	User	Time (GMT)
User closed query 'The Treatment Date is not equal to the Visit Date. Please review and reconcile.' (Site from System).	System	14 Aug 2020 17:38:17
Query 'The Treatment Date is not equal to the Visit Date. Please review and reconcile.' answered by data change (Site from System).	System	14 Aug 2020 17:38:17
User closed query 'Start Date is prior to ICF Date. Please verify and reconcile.' (Site from System).	System	14 Aug 2020 17:38:17
User closed query 'Start Date is prior to the Date of Randomization. Please review and provide any needed correction.' (Site from System).	System	14 Aug 2020 17:38:17
User entered '12 Aug 2020' reason for change: Per Query Resolution	Brandon Illickal (b) (4) [REDACTED]	14 Aug 2020 17:38:17
User opened query 'Start Date is prior to ICF Date. Please verify and reconcile.' (Site from System).	System	13 Aug 2020 00:44:34
User opened query 'Start Date is prior to the Date of Randomization. Please review and provide any needed correction.' (Site from System).	System	13 Aug 2020 00:44:34
User opened query 'The Treatment Date is not equal to the Visit Date. Please review and reconcile.' (Site from System).	System	13 Aug 2020 00:44:34
User entered '12 Jul 2020'	Brandon Illickal (b) (4) [REDACTED]	13 Aug 2020 00:44:34

US3392008

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered '12:45'	Brandon Illickal (b) (4)	13 Aug 2020 00:44:34

US3392008

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered '12 Aug 2020 12:45'	System	14 Aug 2020 17:38:17
User entered '12 Jul 2020 12:45'	System	13 Aug 2020 00:44:34

US3392008

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered 'Left Arm (LEFT ARM)'	Brandon Illickal (b) (4)	13 Aug 2020 00:44:34

US3392008

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered 'ONCE'	System	13 Aug 2020 00:44:34

US3392008

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered 'INTRAMUSCULAR'	System	13 Aug 2020 00:44:34

US3392008

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 11:03:17

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Brandon Illickal (b) (4)	13 Aug 2020 00:45:24

US3392008

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 11:03:17

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
User entered '12 Aug 2020'	Brandon Illickal (b) (4)	13 Aug 2020 00:45:24

US3392008

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 11:03:17

Collection time (00:00-23:59)

Audit	User	Time (GMT)
User entered '12:23'	Brandon Illickal (b) (4)	13 Aug 2020 00:45:24

US3392008

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered '12 Aug 2020 12:23'	System	13 Aug 2020 00:45:24

US3392008

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 11:03:17

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '12 Aug 2020'	Brandon Illickal (b) (4)	13 Aug 2020 00:45:56

US3392008

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 11:03:17

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 1 (NASAL1)'	Brandon Illickal (b) (4)	13 Aug 2020 00:45:56

US3392008

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 11:03:17

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Brandon Illickal (b) (4)	13 Aug 2020 00:45:56

US3392008

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 11:03:17

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
User entered '12:23'	Brandon Illickal (b) (4)	13 Aug 2020 00:45:56

US3392008

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered '12 Aug 2020 12:23'	System	13 Aug 2020 00:45:56

US3392008

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 11:03:17

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 2 (NASAL2)'	Brandon Illickal (b) (4)	13 Aug 2020 00:45:56

US3392008

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 11:03:17

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Brandon Illickal (b) (4)	13 Aug 2020 00:45:56

US3392008

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 11:03:17

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
User entered empty.	Brandon Illickal (b) (4)	13 Aug 2020 00:45:56

US3392008

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered empty.	System	13 Aug 2020 00:45:56

US3392008

Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Brandon Illickal (b) (4)	13 Aug 2020 00:46:03

US3392008

Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 11:03:17

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	13 Aug 2020 00:46:03

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	13 Aug 2020 00:44:34
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 11:03:17

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '12 Aug 2020 13:05'	System	14 Aug 2020 17:38:17
User entered '12 Jul 2020 13:05'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 11:03:17

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '12 Aug 2020 15:35'	System	14 Aug 2020 17:38:17
User entered '12 Jul 2020 15:35'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	13 Aug 2020 00:44:34
User entered 'Day 1, after vaccination (at home)'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 11:03:17

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '12 Aug 2020 16:30'	System	14 Aug 2020 17:38:17
User entered '12 Jul 2020 16:30'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 11:03:17

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '13 Aug 2020 11:59'	System	14 Aug 2020 17:38:17
User entered '13 Jul 2020 11:59'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	13 Aug 2020 00:44:34
User entered 'Day 2'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 11:03:17

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '13 Aug 2020 12:00'	System	14 Aug 2020 17:38:17
User entered '13 Jul 2020 12:00'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 11:03:17

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '14 Aug 2020 11:59'	System	14 Aug 2020 17:38:17
User entered '14 Jul 2020 11:59'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	13 Aug 2020 00:44:34
User entered 'Day 3'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 11:03:17

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '14 Aug 2020 12:00'	System	14 Aug 2020 17:38:17
User entered '14 Jul 2020 12:00'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 11:03:17

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '15 Aug 2020 11:59'	System	14 Aug 2020 17:38:17
User entered '15 Jul 2020 11:59'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	13 Aug 2020 00:44:34
User entered 'Day 4'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 11:03:17

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '15 Aug 2020 12:00'	System	14 Aug 2020 17:38:17
User entered '15 Jul 2020 12:00'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 11:03:17

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '16 Aug 2020 11:59'	System	14 Aug 2020 17:38:17
User entered '16 Jul 2020 11:59'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	13 Aug 2020 00:44:34
User entered 'Day 5'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 11:03:17

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-16T19:52:14', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: 'a616bdc6-a03a-4027-b140-d7ad14e7d0d2'	System	17 Aug 2020 00:52:33
User entered 'Yes (Y)'	System	17 Aug 2020 00:52:33

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 11:03:17

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-16T19:52:23', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: 'a616bdc6-a03a-4027-b140-d7ad14e7d0d2'	System	17 Aug 2020 00:52:33
User entered '98.5'	System	17 Aug 2020 00:52:33

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-16T19:52:26', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: 'a616bdc6-a03a-4027-b140-d7ad14e7d0d2'	System	17 Aug 2020 00:52:33
User entered 'No (N)'	System	17 Aug 2020 00:52:33

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 11:03:17

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-16T19:52:29', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: 'a616bdc6-a03a-4027-b140-d7ad14e7d0d2'	System	17 Aug 2020 00:52:33
User entered '16 Aug 2020 19:52'	System	17 Aug 2020 00:52:33

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 11:03:17

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '16 Aug 2020 12:00'	System	14 Aug 2020 17:38:17
User entered '16 Jul 2020 12:00'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 11:03:17

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '17 Aug 2020 11:59'	System	14 Aug 2020 17:38:17
User entered '17 Jul 2020 11:59'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	13 Aug 2020 00:44:34
User entered 'Day 6'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 11:03:17

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-17T23:59:38', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: 'd5a5068a-dd38-4b93-8eb9-bf178daa2fb6'	System	18 Aug 2020 04:59:55
User entered 'Yes (Y)'	System	18 Aug 2020 04:59:55

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 11:03:17

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-17T23:59:45', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: 'd5a5068a-dd38-4b93-8eb9-bf178daa2fb6'	System	18 Aug 2020 04:59:55
User entered '98.3'	System	18 Aug 2020 04:59:55

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-17T23:59:49', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: 'd5a5068a-dd38-4b93-8eb9-bf178daa2fb6'	System	18 Aug 2020 04:59:55
User entered 'No (N)'	System	18 Aug 2020 04:59:55

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 11:03:17

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-17T23:59:52', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: 'd5a5068a-dd38-4b93-8eb9-bf178daa2fb6'	System	18 Aug 2020 04:59:55
User entered '17 Aug 2020 23:59'	System	18 Aug 2020 04:59:55

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 11:03:17

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '17 Aug 2020 12:00'	System	14 Aug 2020 17:38:17
User entered '17 Jul 2020 12:00'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 11:03:17

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '18 Aug 2020 11:59'	System	14 Aug 2020 17:38:17
User entered '18 Jul 2020 11:59'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	13 Aug 2020 00:44:34
User entered 'Day 7'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 11:03:17

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-18T23:59:49', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '33bbc38a-317f-40b8-92f5-a86071e12a53'	System	19 Aug 2020 05:00:08
User entered 'Yes (Y)'	System	19 Aug 2020 05:00:08

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 11:03:17

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-18T23:59:54', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '33bbc38a-317f-40b8-92f5-a86071e12a53'	System	19 Aug 2020 05:00:08
User entered '98.6'	System	19 Aug 2020 05:00:08

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-18T23:59:57', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '33bbc38a-317f-40b8-92f5-a86071e12a53'	System	19 Aug 2020 05:00:08
User entered 'No (N)'	System	19 Aug 2020 05:00:08

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 11:03:17

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-18T23:59:59', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '33bbc38a-317f-40b8-92f5-a86071e12a53'	System	19 Aug 2020 05:00:08
User entered '18 Aug 2020 23:59'	System	19 Aug 2020 05:00:08

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 11:03:17

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '18 Aug 2020 12:00'	System	14 Aug 2020 17:38:17
User entered '18 Jul 2020 12:00'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 11:03:17

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '19 Aug 2020 11:59'	System	14 Aug 2020 17:38:17
User entered '19 Jul 2020 11:59'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	13 Aug 2020 00:44:34
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 11:03:17

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '12 Aug 2020 13:05'	System	14 Aug 2020 17:38:17
User entered '12 Jul 2020 13:05'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 11:03:17

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '12 Aug 2020 15:35'	System	14 Aug 2020 17:38:17
User entered '12 Jul 2020 15:35'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	13 Aug 2020 00:44:34
User entered 'Day 1, after vaccination (at home)'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 11:03:17

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '12 Aug 2020 16:30'	System	14 Aug 2020 17:38:17
User entered '12 Jul 2020 16:30'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 11:03:17

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '13 Aug 2020 11:59'	System	14 Aug 2020 17:38:17
User entered '13 Jul 2020 11:59'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	13 Aug 2020 00:44:34
User entered 'Day 2'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 11:03:17

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '13 Aug 2020 12:00'	System	14 Aug 2020 17:38:17
User entered '13 Jul 2020 12:00'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 11:03:17

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '14 Aug 2020 11:59'	System	14 Aug 2020 17:38:17
User entered '14 Jul 2020 11:59'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	13 Aug 2020 00:44:34
User entered 'Day 3'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 11:03:17

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '14 Aug 2020 12:00'	System	14 Aug 2020 17:38:17
User entered '14 Jul 2020 12:00'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 11:03:17

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '15 Aug 2020 11:59'	System	14 Aug 2020 17:38:17
User entered '15 Jul 2020 11:59'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	13 Aug 2020 00:44:34
User entered 'Day 4'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 11:03:17

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '15 Aug 2020 12:00'	System	14 Aug 2020 17:38:17
User entered '15 Jul 2020 12:00'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 11:03:17

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '16 Aug 2020 11:59'	System	14 Aug 2020 17:38:17
User entered '16 Jul 2020 11:59'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	13 Aug 2020 00:44:34
User entered 'Day 5'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 11:03:17

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 (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-16T19:51:51', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '57fae191-f17e-4c34-a7a7-3ba84d65b6db'	System	17 Aug 2020 00:52:08
User entered 'None (1)'	System	17 Aug 2020 00:52:08

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 11:03:17

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-16T19:51:57', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '57fae191-f17e-4c34-a7a7-3ba84d65b6db'	System	17 Aug 2020 00:52:08
User entered 'No (N)'	System	17 Aug 2020 00:52:08

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-16T19:52:00', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '57fae191-f17e-4c34-a7a7-3ba84d65b6db'	System	17 Aug 2020 00:52:08
User entered 'No (N)'	System	17 Aug 2020 00:52:08

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 11:03:17

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 (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-16T19:52:03', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '57fae191-f17e-4c34-a7a7-3ba84d65b6db' User entered 'None (1)'	System	17 Aug 2020 00:52:08

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 11:03:17

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-16T19:52:07', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '57fae191-f17e-4c34-a7a7-3ba84d65b6db' User entered '16 Aug 2020 19:52'	System	17 Aug 2020 00:52:08

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 11:03:17

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '16 Aug 2020 12:00'	System	14 Aug 2020 17:38:17
User entered '16 Jul 2020 12:00'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 11:03:17

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '17 Aug 2020 11:59'	System	14 Aug 2020 17:38:17
User entered '17 Jul 2020 11:59'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	13 Aug 2020 00:44:34
User entered 'Day 6'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 11:03:17

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 (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-17T23:59:56', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '2bb04eca-ca9a-48c7-8113-bb5027d51ae2'	System	18 Aug 2020 05:00:11
User entered 'None (1)'	System	18 Aug 2020 05:00:11

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 11:03:17

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-18T00:00:00', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '2bb04eca-ca9a-48c7-8113-bb5027d51ae2'	System	18 Aug 2020 05:00:11
User entered 'No (N)'	System	18 Aug 2020 05:00:11

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-18T00:00:03', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '2bb04eca-ca9a-48c7-8113-bb5027d51ae2'	System	18 Aug 2020 05:00:11
User entered 'No (N)'	System	18 Aug 2020 05:00:11

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 11:03:17

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 (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-18T00:00:05', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '2bb04eca-ca9a-48c7-8113-bb5027d51ae2'	System	18 Aug 2020 05:00:11
User entered 'None (1)'	System	18 Aug 2020 05:00:11

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 11:03:17

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-18T00:00:09', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '2bb04eca-ca9a-48c7-8113-bb5027d51ae2'	System	18 Aug 2020 05:00:11
User entered '18 Aug 2020 00:00'	System	18 Aug 2020 05:00:11

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 11:03:17

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '17 Aug 2020 12:00'	System	14 Aug 2020 17:38:17
User entered '17 Jul 2020 12:00'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 11:03:17

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '18 Aug 2020 11:59'	System	14 Aug 2020 17:38:17
User entered '18 Jul 2020 11:59'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	13 Aug 2020 00:44:34
User entered 'Day 7'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 11:03:17

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 (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-19T00:00:03', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '78690d72-e2c4-4260-b2a6-1a57f553ff74'	System	19 Aug 2020 05:00:51
User entered 'None (1)'	System	19 Aug 2020 05:00:51

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 11:03:17

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-19T00:00:06', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '78690d72-e2c4-4260-b2a6-1a57f553ff74'	System	19 Aug 2020 05:00:51
User entered 'No (N)'	System	19 Aug 2020 05:00:51

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-19T00:00:08', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '78690d72-e2c4-4260-b2a6-1a57f553ff74'	System	19 Aug 2020 05:00:51
User entered 'No (N)'	System	19 Aug 2020 05:00:51

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 11:03:17

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 (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-19T00:00:10', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '78690d72-e2c4-4260-b2a6-1a57f553ff74'	System	19 Aug 2020 05:00:51
User entered 'None (1)'	System	19 Aug 2020 05:00:51

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 11:03:17

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-19T00:00:13', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '78690d72-e2c4-4260-b2a6-1a57f553ff74'	System	19 Aug 2020 05:00:51
User entered '19 Aug 2020 00:00'	System	19 Aug 2020 05:00:51

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 11:03:17

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '18 Aug 2020 12:00'	System	14 Aug 2020 17:38:17
User entered '18 Jul 2020 12:00'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 11:03:17

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '19 Aug 2020 11:59'	System	14 Aug 2020 17:38:17
User entered '19 Jul 2020 11:59'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	13 Aug 2020 00:44:34
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 11:03:17

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '12 Aug 2020 13:05'	System	14 Aug 2020 17:38:17
User entered '12 Jul 2020 13:05'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 11:03:17

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '12 Aug 2020 15:35'	System	14 Aug 2020 17:38:17
User entered '12 Jul 2020 15:35'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	13 Aug 2020 00:44:34
User entered 'Day 1, after vaccination (at home)'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 11:03:17

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '12 Aug 2020 16:30'	System	14 Aug 2020 17:38:17
User entered '12 Jul 2020 16:30'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 11:03:17

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '13 Aug 2020 11:59'	System	14 Aug 2020 17:38:17
User entered '13 Jul 2020 11:59'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	13 Aug 2020 00:44:34
User entered 'Day 2'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 11:03:17

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '13 Aug 2020 12:00'	System	14 Aug 2020 17:38:17
User entered '13 Jul 2020 12:00'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 11:03:17

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '14 Aug 2020 11:59'	System	14 Aug 2020 17:38:17
User entered '14 Jul 2020 11:59'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	13 Aug 2020 00:44:34
User entered 'Day 3'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 11:03:17

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '14 Aug 2020 12:00'	System	14 Aug 2020 17:38:17
User entered '14 Jul 2020 12:00'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 11:03:17

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '15 Aug 2020 11:59'	System	14 Aug 2020 17:38:17
User entered '15 Jul 2020 11:59'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	13 Aug 2020 00:44:34
User entered 'Day 4'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 11:03:17

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '15 Aug 2020 12:00'	System	14 Aug 2020 17:38:17
User entered '15 Jul 2020 12:00'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 11:03:17

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '16 Aug 2020 11:59'	System	14 Aug 2020 17:38:17
User entered '16 Jul 2020 11:59'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	13 Aug 2020 00:44:34
User entered 'Day 5'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 11:03:17

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-16T19:50:58', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: 'd561ed20-0690-457d-8011-7625cefc109f'	System	17 Aug 2020 00:51:40
User entered 'None (0)'	System	17 Aug 2020 00:51:40

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 11:03:17

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-16T19:51:01', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: 'd561ed20-0690-457d-8011-7625cefc109f'	System	17 Aug 2020 00:51:40
User entered 'None (0)'	System	17 Aug 2020 00:51:40

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 11:03:17

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-16T19:51:03', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: 'd561ed20-0690-457d-8011-7625cefc109f'	System	17 Aug 2020 00:51:40
User entered 'None (0)'	System	17 Aug 2020 00:51:40

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 11:03:17

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-16T19:51:05', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: 'd561ed20-0690-457d-8011-7625cefc109f'	System	17 Aug 2020 00:51:40
User entered 'None (0)'	System	17 Aug 2020 00:51:40

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 11:03:17

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-16T19:51:10', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: 'd561ed20-0690-457d-8011-7625cefc109f'	System	17 Aug 2020 00:51:40
User entered 'None (0)'	System	17 Aug 2020 00:51:40

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 11:03:17

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-16T19:51:11', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: 'd561ed20-0690-457d-8011-7625cefc109f'	System	17 Aug 2020 00:51:40
User entered 'None (0)'	System	17 Aug 2020 00:51:40

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 11:03:17

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 (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-16T19:51:26', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: 'd561ed20-0690-457d-8011-7625cefc109f'	System	17 Aug 2020 00:51:40
User entered 'No (N)'	System	17 Aug 2020 00:51:40

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 11:03:17

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-16T19:51:38', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: 'd561ed20-0690-457d-8011-7625cefc109f'	System	17 Aug 2020 00:51:40
User entered '16 Aug 2020 19:51'	System	17 Aug 2020 00:51:40

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 11:03:17

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '16 Aug 2020 12:00'	System	14 Aug 2020 17:38:17
User entered '16 Jul 2020 12:00'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 11:03:17

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '17 Aug 2020 11:59'	System	14 Aug 2020 17:38:17
User entered '17 Jul 2020 11:59'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	13 Aug 2020 00:44:34
User entered 'Day 6'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 11:03:17

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-18T00:00:14', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '8887c36d-02ab-4a7b-91e8-6f1c1a543655'	System	18 Aug 2020 05:00:39
User entered 'None (0)'	System	18 Aug 2020 05:00:39

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 11:03:17

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-18T00:00:17', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '8887c36d-02ab-4a7b-91e8-6f1c1a543655'	System	18 Aug 2020 05:00:39
User entered 'None (0)'	System	18 Aug 2020 05:00:39

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 11:03:17

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-18T00:00:19', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '8887c36d-02ab-4a7b-91e8-6f1c1a543655'	System	18 Aug 2020 05:00:39
User entered 'None (0)'	System	18 Aug 2020 05:00:39

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 11:03:17

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-18T00:00:21', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '8887c36d-02ab-4a7b-91e8-6f1c1a543655'	System	18 Aug 2020 05:00:39
User entered 'None (0)'	System	18 Aug 2020 05:00:39

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 11:03:17

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-18T00:00:24', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '8887c36d-02ab-4a7b-91e8-6f1c1a543655'	System	18 Aug 2020 05:00:39
User entered 'None (0)'	System	18 Aug 2020 05:00:39

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 11:03:17

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-18T00:00:26', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '8887c36d-02ab-4a7b-91e8-6f1c1a543655'	System	18 Aug 2020 05:00:39
User entered 'None (0)'	System	18 Aug 2020 05:00:39

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 11:03:17

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 (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-18T00:00:32', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '8887c36d-02ab-4a7b-91e8-6f1c1a543655'	System	18 Aug 2020 05:00:39
User entered 'No (N)'	System	18 Aug 2020 05:00:39

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 11:03:17

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-18T00:00:35', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '8887c36d-02ab-4a7b-91e8-6f1c1a543655'	System	18 Aug 2020 05:00:39
User entered '18 Aug 2020 00:00'	System	18 Aug 2020 05:00:39

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 11:03:17

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '17 Aug 2020 12:00'	System	14 Aug 2020 17:38:17
User entered '17 Jul 2020 12:00'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 11:03:17

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '18 Aug 2020 11:59'	System	14 Aug 2020 17:38:17
User entered '18 Jul 2020 11:59'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	13 Aug 2020 00:44:34
User entered 'Day 7'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 11:03:17

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-19T00:00:17', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '754b2c8c-2380-4e41-8fdb-4836a81341e7'	System	19 Aug 2020 05:01:05
User entered 'None (0)'	System	19 Aug 2020 05:01:05

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 11:03:17

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-19T00:00:26', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '754b2c8c-2380-4e41-8fdb-4836a81341e7'	System	19 Aug 2020 05:01:05
User entered 'None (0)'	System	19 Aug 2020 05:01:05

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 11:03:17

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-19T00:00:32', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '754b2c8c-2380-4e41-8fdb-4836a81341e7'	System	19 Aug 2020 05:01:05
User entered 'None (0)'	System	19 Aug 2020 05:01:05

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 11:03:17

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-19T00:00:34', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '754b2c8c-2380-4e41-8fdb-4836a81341e7' User entered 'None (0)'	System	19 Aug 2020 05:01:05
	System	19 Aug 2020 05:01:05

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 11:03:17

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-19T00:00:36', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '754b2c8c-2380-4e41-8fdb-4836a81341e7'	System	19 Aug 2020 05:01:05
User entered 'None (0)'	System	19 Aug 2020 05:01:05

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 11:03:17

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-19T00:00:37', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '754b2c8c-2380-4e41-8fdb-4836a81341e7'	System	19 Aug 2020 05:01:05
User entered 'None (0)'	System	19 Aug 2020 05:01:05

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 11:03:17

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 (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-19T00:00:41', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '754b2c8c-2380-4e41-8fdb-4836a81341e7'	System	19 Aug 2020 05:01:05
User entered 'No (N)'	System	19 Aug 2020 05:01:05

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 11:03:17

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-08-19T00:00:43', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '754b2c8c-2380-4e41-8fdb-4836a81341e7'	System	19 Aug 2020 05:01:05
User entered '19 Aug 2020 00:00'	System	19 Aug 2020 05:01:05

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 11:03:17

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '18 Aug 2020 12:00'	System	14 Aug 2020 17:38:17
User entered '18 Jul 2020 12:00'	System	13 Aug 2020 00:44:34

US3392008

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 11:03:17

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '19 Aug 2020 11:59'	System	14 Aug 2020 17:38:17
User entered '19 Jul 2020 11:59'	System	13 Aug 2020 00:44:34

US3392008

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Brandon Illickal (b) (4)	24 Aug 2020 22:43:41

US3392008

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

[Date of Contact or Contact Attempt \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered '19 Aug 2020'	Brandon Illickal (b) (4)	24 Aug 2020 22:43:41

US3392008

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Brandon Illickal (b) (4)	24 Aug 2020 22:43:41

US3392008

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Brandon Illickal (b) (4)	24 Aug 2020 22:43:41

US3392008

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Brandon Illickal (b) (4)	24 Aug 2020 22:43:45

US3392008

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 11:03:17

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	24 Aug 2020 22:43:45

US3392008

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	02 Sep 2020 21:57:43

US3392008

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

[Date of Contact or Contact Attempt \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered '28 Aug 2020'	(b) (4), (b) (6)	02 Sep 2020 21:57:43

US3392008

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	02 Sep 2020 21:57:43

US3392008

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	02 Sep 2020 21:57:43

US3392008

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	02 Sep 2020 21:57:51

US3392008

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 11:03:17

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	02 Sep 2020 21:57:51

US3392008

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	02 Sep 2020 21:58:13

US3392008

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

[Date of Contact or Contact Attempt \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered '2 Sep 2020'	(b) (4), (b) (6)	02 Sep 2020 21:58:13

US3392008

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	02 Sep 2020 21:58:13

US3392008

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	02 Sep 2020 21:58:13

US3392008

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	02 Sep 2020 21:58:21

US3392008

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 11:03:17

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	02 Sep 2020 21:58:21

US3392008

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 11:03:17

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Lois Eaglin (b) (4)	22 Sep 2020 21:29:34

US3392008

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered '8 Sep 2020'	Lois Eaglin (b) (4)	22 Sep 2020 21:29:34

US3392008

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 11:03:17

[Was visit performed at the participant's home or at the clinic?](#)

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	Lois Eaglin (b) (4)	22 Sep 2020 21:29:34

US3392008

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 11:03:17

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'VISIT2'	System	22 Sep 2020 21:29:34

US3392008

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 11:03:17

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Pre-Dose (PREDOSE)'	Lois Eaglin (b) (4)	22 Sep 2020 21:30:11

US3392008

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 11:03:17

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Lois Eaglin (b) (4)	22 Sep 2020 21:30:11

US3392008

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 11:03:17

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	Lois Eaglin (b) (4)	22 Sep 2020 21:30:11

US3392008

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered empty.	Lois Eaglin (b) (4)	22 Sep 2020 21:30:11

US3392008

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered empty.	System	22 Sep 2020 21:30:11

US3392008

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 11:03:17

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered empty.	Lois Eaglin (b) (4)	22 Sep 2020 21:30:11

US3392008

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 11:03:17

[Route of measurement](#)

Audit	User	Time (GMT)
User entered empty.	Lois Eaglin (b) (4)	22 Sep 2020 21:30:11

US3392008

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 11:03:17

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Lois Eaglin (b) (4)	22 Sep 2020 21:30:11

US3392008

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 11:03:17

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered empty.	Lois Eaglin (b) (4)	22 Sep 2020 21:30:11

US3392008

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 11:03:17

[Pulse units](#)

Audit	User	Time (GMT)
User entered empty.	System	22 Sep 2020 21:30:11

US3392008

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered empty.	Lois Eaglin (b) (4)	22 Sep 2020 21:30:11

US3392008

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 11:03:17

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered empty.	System	22 Sep 2020 21:30:11

US3392008

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 11:03:17

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered empty.	Lois Eaglin (b) (4)	22 Sep 2020 21:30:11

US3392008

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 11:03:17

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered empty.	System	22 Sep 2020 21:30:11

US3392008

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 11:03:17

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered empty.	Lois Eaglin (b) (4)	22 Sep 2020 21:30:11

US3392008

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 11:03:17

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered empty.	System	22 Sep 2020 21:30:11

US3392008

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 11:03:17

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Post-Dose (POSTDOSE)'	Lois Eaglin (b) (4)	22 Sep 2020 21:30:11

US3392008

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 11:03:17

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Lois Eaglin (b) (4)	22 Sep 2020 21:30:11

US3392008

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 11:03:17

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	Lois Eaglin (b) (4)	22 Sep 2020 21:30:11

US3392008

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered empty.	Lois Eaglin (b) (4)	22 Sep 2020 21:30:11

US3392008

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered empty.	System	22 Sep 2020 21:30:11

US3392008

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 11:03:17

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered empty.	Lois Eaglin (b) (4)	22 Sep 2020 21:30:11

US3392008

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 11:03:17

[Route of measurement](#)

Audit	User	Time (GMT)
User entered empty.	Lois Eaglin (b) (4)	22 Sep 2020 21:30:11

US3392008

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 11:03:17

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Lois Eaglin (b) (4)	22 Sep 2020 21:30:11

US3392008

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 11:03:17

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered empty.	Lois Eaglin (b) (4)	22 Sep 2020 21:30:11

US3392008

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 11:03:17

[Pulse units](#)

Audit	User	Time (GMT)
User entered empty.	System	22 Sep 2020 21:30:11

US3392008

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered empty.	Lois Eaglin (b) (4)	22 Sep 2020 21:30:11

US3392008

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 11:03:17

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered empty.	System	22 Sep 2020 21:30:11

US3392008

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 11:03:17

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered empty.	Lois Eaglin (b) (4)	22 Sep 2020 21:30:11

US3392008

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 11:03:17

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered empty.	System	22 Sep 2020 21:30:11

US3392008

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 11:03:17

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered empty.	Lois Eaglin (b) (4)	22 Sep 2020 21:30:11

US3392008

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 11:03:17

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered empty.	System	22 Sep 2020 21:30:11

US3392008

Folder: Visit 2 Day 29 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 11:03:17

Was the physical examination performed?

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Lois Eaglin (b) (4)	22 Sep 2020 21:30:35

US3392008

Folder: Visit 2 Day 29 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 11:03:17

Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
User entered '8 Sep 2020'	Lois Eaglin (b) (4)	22 Sep 2020 21:30:35

US3392008

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 11:03:17

[Was study treatment given?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Lois Eaglin (b) (4)	22 Sep 2020 21:31:05

US3392008

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 11:03:17

[If No, reason not given](#)

Audit	User	Time (GMT)
User opened query 'Per CDM: Please complete applicable forms associated with confirmed COVID-19 diagnosis. Thank you.' (Site from DM).	(b) (4), (b) (6)	30 Sep 2020 14:42:10
User entered 'Confirmed COVID-19 (COVID)'	Lois Eaglin (b) (4)	22 Sep 2020 21:31:05

US3392008

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered empty.	Lois Eaglin (b) (4)	22 Sep 2020 21:31:05

US3392008

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 11:03:17

[What was the study treatment?](#)

Audit	User	Time (GMT)
User entered empty.	System	22 Sep 2020 21:31:05

US3392008

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 11:03:17

What was the treatment date? (dd MMM yyyy)

Audit	User	Time (GMT)
User entered empty.	Lois Eaglin (b) (4)	22 Sep 2020 21:31:05

US3392008

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered empty.	Lois Eaglin (b) (4)	22 Sep 2020 21:31:05

US3392008

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered empty.	System	22 Sep 2020 21:31:05

US3392008

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered empty.	Lois Eaglin (b) (4)	22 Sep 2020 21:31:05

US3392008

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered empty.	System	22 Sep 2020 21:31:05

US3392008

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered empty.	System	22 Sep 2020 21:31:05

US3392008

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 11:03:17

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Lois Eaglin (b) (4)	22 Sep 2020 21:31:35

US3392008

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 11:03:17

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
User entered '8 Sep 2020'	Lois Eaglin (b) (4)	22 Sep 2020 21:31:35

US3392008

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 11:03:17

Collection time (00:00-23:59)

Audit	User	Time (GMT)
User entered '10:23'	Lois Eaglin (b) (4)	22 Sep 2020 21:31:35

US3392008

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered '8 Sep 2020 10:23'	System	22 Sep 2020 21:31:35

US3392008

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 11:03:17

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '8 Sep 2020'	Lois Eaglin (b) (4)	22 Sep 2020 21:31:59

US3392008

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 11:03:17

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 1 (NASAL1)'	Lois Eaglin (b) (4)	22 Sep 2020 21:31:59

US3392008

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 11:03:17

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Lois Eaglin (b) (4)	22 Sep 2020 21:31:59

US3392008

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 11:03:17

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
User entered '10:20'	Lois Eaglin (b) (4)	22 Sep 2020 21:31:59

US3392008

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered '8 Sep 2020 10:20'	System	22 Sep 2020 21:31:59

US3392008

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 11:03:17

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 2 (NASAL2)'	Lois Eaglin (b) (4)	22 Sep 2020 21:31:59

US3392008

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 11:03:17

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Lois Eaglin (b) (4)	22 Sep 2020 21:31:59

US3392008

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 11:03:17

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
User entered empty.	Lois Eaglin (b) (4)	22 Sep 2020 21:31:59

US3392008

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered empty.	System	22 Sep 2020 21:31:59

US3392008

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Lois Eaglin (b) (4)	22 Sep 2020 21:32:05

US3392008

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 26 Nov 2020 11:03:17

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	22 Sep 2020 21:32:05

US3392008

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	12 Nov 2020 22:53:37

US3392008

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

[Date of Contact or Contact Attempt \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered '18 Sep 2020'	(b) (4), (b) (6)	12 Nov 2020 22:53:37

US3392008

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	12 Nov 2020 22:53:37

US3392008

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	12 Nov 2020 22:53:37

US3392008

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	12 Nov 2020 22:53:42

US3392008

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 26 Nov 2020 11:03:17

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	12 Nov 2020 22:53:42

US3392008

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	12 Nov 2020 22:54:23

US3392008

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

[Date of Contact or Contact Attempt \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered '22 Sep 2020'	(b) (4), (b) (6)	12 Nov 2020 22:54:23

US3392008

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	12 Nov 2020 22:54:23

US3392008

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	12 Nov 2020 22:54:23

US3392008

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	12 Nov 2020 22:54:29

US3392008

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 26 Nov 2020 11:03:17

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	12 Nov 2020 22:54:29

US3392008

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	12 Nov 2020 22:55:00

US3392008

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered '30 Sep 2020'	(b) (4), (b) (6)	12 Nov 2020 22:55:00

US3392008

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	12 Nov 2020 22:55:00

US3392008

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	12 Nov 2020 22:55:00

US3392008

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	12 Nov 2020 22:55:26

US3392008

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 26 Nov 2020 11:03:17

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	12 Nov 2020 22:55:26

US3392008

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 11:03:17

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	12 Nov 2020 22:56:59

US3392008

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered '5 Oct 2020'	(b) (4), (b) (6)	12 Nov 2020 22:56:59

US3392008

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 11:03:17

[Was visit performed at the participant's home or at the clinic?](#)

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	(b) (4), (b) (6)	12 Nov 2020 22:56:59

US3392008

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 11:03:17

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'VISIT3'	System	12 Nov 2020 22:56:59

US3392008

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	12 Nov 2020 22:57:39

US3392008

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	12 Nov 2020 22:57:39

US3392008

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	12 Nov 2020 22:57:39

US3392008

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered empty.	System	12 Nov 2020 22:57:39

US3392008

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	12 Nov 2020 22:57:39

US3392008

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

[Route of measurement](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	12 Nov 2020 22:57:39

US3392008

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	12 Nov 2020 22:57:39

US3392008

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	12 Nov 2020 22:57:39

US3392008

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

[Pulse units](#)

Audit	User	Time (GMT)
User entered empty.	System	12 Nov 2020 22:57:39

US3392008

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	12 Nov 2020 22:57:39

US3392008

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered empty.	System	12 Nov 2020 22:57:39

US3392008

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	12 Nov 2020 22:57:39

US3392008

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered empty.	System	12 Nov 2020 22:57:39

US3392008

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	12 Nov 2020 22:57:39

US3392008

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 11:03:17

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered empty.	System	12 Nov 2020 22:57:39

US3392008

Folder: Visit 3 Day 57 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 11:03:17

[Was the physical examination performed?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	12 Nov 2020 22:57:45

US3392008

Folder: Visit 3 Day 57 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 11:03:17

Date of examination (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	12 Nov 2020 22:57:45

US3392008

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 11:03:17

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	12 Nov 2020 22:58:07

US3392008

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 11:03:17

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '5 Oct 2020'	(b) (4), (b) (6)	12 Nov 2020 22:58:07

US3392008

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 11:03:17

Collection time (00:00-23:59)

Audit	User	Time (GMT)
User entered '10:50'	(b) (4), (b) (6)	12 Nov 2020 22:58:07

US3392008

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered '5 Oct 2020 10:50'	System	12 Nov 2020 22:58:07

US3392008

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	12 Nov 2020 22:58:11

US3392008

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 26 Nov 2020 11:03:17

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	12 Nov 2020 22:58:11

US3392008

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	13 Aug 2020 00:44:34
User entered 'Day 64'	System	13 Aug 2020 00:44:34

US3392008

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-10-12T00:02:52', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '4f54c764-8f3c-4904-99ee-6f142863638c'	System	12 Oct 2020 05:03:11
User entered 'No (N)'	System	12 Oct 2020 05:03:11

US3392008

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-10-12T00:03:01', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '4f54c764-8f3c-4904-99ee-6f142863638c'	System	12 Oct 2020 05:03:11
User entered 'No (N)'	System	12 Oct 2020 05:03:11

US3392008

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-10-12T00:03:05', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '4f54c764-8f3c-4904-99ee-6f142863638c'	System	12 Oct 2020 05:03:11
User entered '12 Oct 2020 00:03:05'	System	12 Oct 2020 05:03:11

US3392008

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	14 Aug 2020 17:38:17
User entered '12 Oct 2020 00:01'	System	14 Aug 2020 17:38:17
Data entry unlocked.	System	14 Aug 2020 17:38:17
Data entry locked.	System	13 Aug 2020 00:44:34
User entered '11 Sep 2020 00:01'	System	13 Aug 2020 00:44:34

US3392008

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	14 Aug 2020 17:38:17
User entered '16 Oct 2020 23:59'	System	14 Aug 2020 17:38:17
Data entry unlocked.	System	14 Aug 2020 17:38:17
Data entry locked.	System	13 Aug 2020 00:44:34
User entered '15 Sep 2020 23:59'	System	13 Aug 2020 00:44:34

US3392008

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	13 Aug 2020 00:44:34
User entered 'Day 71'	System	13 Aug 2020 00:44:34

US3392008

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[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 (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-10-19T00:35:26', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: 'daba394e-83b5-4013-88c2-3178ede88168' User entered 'No (N)'	System	19 Oct 2020 05:35:43

US3392008

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-10-19T00:35:36', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: 'daba394e-83b5-4013-88c2-3178ede88168'	System	19 Oct 2020 05:35:43
User entered 'No (N)'	System	19 Oct 2020 05:35:43

US3392008

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-10-19T00:35:39', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: 'daba394e-83b5-4013-88c2-3178ede88168' User entered '19 Oct 2020 00:35:39'	System	19 Oct 2020 05:35:43
	System	19 Oct 2020 05:35:43

US3392008

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	14 Aug 2020 17:38:17
User entered '19 Oct 2020 00:01'	System	14 Aug 2020 17:38:17
Data entry unlocked.	System	14 Aug 2020 17:38:17
Data entry locked.	System	13 Aug 2020 00:44:34
User entered '18 Sep 2020 00:01'	System	13 Aug 2020 00:44:34

US3392008

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	14 Aug 2020 17:38:17
User entered '23 Oct 2020 23:59'	System	14 Aug 2020 17:38:17
Data entry unlocked.	System	14 Aug 2020 17:38:17
Data entry locked.	System	13 Aug 2020 00:44:34
User entered '22 Sep 2020 23:59'	System	13 Aug 2020 00:44:34

US3392008

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	13 Aug 2020 00:44:34
User entered 'Day 78'	System	13 Aug 2020 00:44:34

US3392008

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[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 (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-10-26T02:39:20', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: 'd0f60fde-8166-45d1-b901-e28a9ba4e09a'	System	26 Oct 2020 07:39:30
User entered 'No (N)'	System	26 Oct 2020 07:39:30

US3392008

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-10-26T02:39:24', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: 'd0f60fde-8166-45d1-b901-e28a9ba4e09a'	System	26 Oct 2020 07:39:30
User entered 'No (N)'	System	26 Oct 2020 07:39:30

US3392008

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-10-26T02:39:27', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: 'd0f60fde-8166-45d1-b901-e28a9ba4e09a' User entered '26 Oct 2020 02:39:27'	System	26 Oct 2020 07:39:30
	System	26 Oct 2020 07:39:30

US3392008

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	14 Aug 2020 17:38:17
User entered '26 Oct 2020 00:01'	System	14 Aug 2020 17:38:17
Data entry unlocked.	System	14 Aug 2020 17:38:17
Data entry locked.	System	13 Aug 2020 00:44:34
User entered '25 Sep 2020 00:01'	System	13 Aug 2020 00:44:34

US3392008

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	14 Aug 2020 17:38:17
User entered '30 Oct 2020 23:59'	System	14 Aug 2020 17:38:17
Data entry unlocked.	System	14 Aug 2020 17:38:17
Data entry locked.	System	13 Aug 2020 00:44:34
User entered '29 Sep 2020 23:59'	System	13 Aug 2020 00:44:34

US3392008

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	13 Aug 2020 00:44:34
User entered 'Day 92'	System	13 Aug 2020 00:44:34

US3392008

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[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 (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-11-09T00:01:45', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '72b7b603-4397-45de-abfc-42a8932d8242'	System	09 Nov 2020 06:01:55
User entered 'No (N)'	System	09 Nov 2020 06:01:55

US3392008

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-11-09T00:01:50', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '72b7b603-4397-45de-abfc-42a8932d8242'	System	09 Nov 2020 06:01:55
User entered 'No (N)'	System	09 Nov 2020 06:01:55

US3392008

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-11-09T00:01:53', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '72b7b603-4397-45de-abfc-42a8932d8242' User entered '09 Nov 2020 00:01:53'	System	09 Nov 2020 06:01:55
	System	09 Nov 2020 06:01:55

US3392008

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	14 Aug 2020 17:38:17
User entered '09 Nov 2020 00:01'	System	14 Aug 2020 17:38:17
Data entry unlocked.	System	14 Aug 2020 17:38:17
Data entry locked.	System	13 Aug 2020 00:44:34
User entered '09 Oct 2020 00:01'	System	13 Aug 2020 00:44:34

US3392008

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	14 Aug 2020 17:38:17
User entered '13 Nov 2020 23:59'	System	14 Aug 2020 17:38:17
Data entry unlocked.	System	14 Aug 2020 17:38:17
Data entry locked.	System	13 Aug 2020 00:44:34
User entered '13 Oct 2020 23:59'	System	13 Aug 2020 00:44:34

US3392008

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	13 Aug 2020 00:44:34
User entered 'Day 99'	System	13 Aug 2020 00:44:34

US3392008

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-11-16T00:33:29', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: 'aa61bef5-0c37-46a2-a2da-b0c25fee8247'	System	16 Nov 2020 06:33:40
User entered 'No (N)'	System	16 Nov 2020 06:33:40

US3392008

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

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 (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-11-16T00:33:32', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: 'aa61bef5-0c37-46a2-a2da-b0c25fee8247'	System	16 Nov 2020 06:33:40
User entered 'No (N)'	System	16 Nov 2020 06:33:40

US3392008

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-11-16T00:33:34', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: 'aa61bef5-0c37-46a2-a2da-b0c25fee8247' User entered '16 Nov 2020 00:33:34'	System	16 Nov 2020 06:33:40

US3392008

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	14 Aug 2020 17:38:17
User entered '16 Nov 2020 00:01'	System	14 Aug 2020 17:38:17
Data entry unlocked.	System	14 Aug 2020 17:38:17
Data entry locked.	System	13 Aug 2020 00:44:34
User entered '16 Oct 2020 00:01'	System	13 Aug 2020 00:44:34

US3392008

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	14 Aug 2020 17:38:17
User entered '20 Nov 2020 23:59'	System	14 Aug 2020 17:38:17
Data entry unlocked.	System	14 Aug 2020 17:38:17
Data entry locked.	System	13 Aug 2020 00:44:34
User entered '20 Oct 2020 23:59'	System	13 Aug 2020 00:44:34

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 61'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '09 Oct 2020 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '13 Oct 2020 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 68'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '16 Oct 2020 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '20 Oct 2020 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 75'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '23 Oct 2020 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '27 Oct 2020 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 82'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '30 Oct 2020 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '03 Nov 2020 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 89'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '06 Nov 2020 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '10 Nov 2020 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 96'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '13 Nov 2020 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '17 Nov 2020 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 103'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[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 (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-11-23T00:11:15', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '5bb1689c-c980-42f2-b350-87d77c4bba8f' User entered 'No (N)'	System	23 Nov 2020 06:11:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[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 (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-11-23T00:11:18', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '5bb1689c-c980-42f2-b350-87d77c4bba8f'	System	23 Nov 2020 06:11:26
User entered 'No (N)'	System	23 Nov 2020 06:11:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (DFFC9E29-EB59-4889-AFB0-E1EE596261E6)', Time: '2020-11-23T00:11:21', User OID: 'PatientReportedOutcome (US3392008)', ODM File OID: '5bb1689c-c980-42f2-b350-87d77c4bba8f' User entered '23 Nov 2020 00:11:21'	System	23 Nov 2020 06:11:26
	System	23 Nov 2020 06:11:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '20 Nov 2020 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '24 Nov 2020 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 110'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '27 Nov 2020 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '01 Dec 2020 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 117'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '04 Dec 2020 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '08 Dec 2020 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 124'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '11 Dec 2020 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '15 Dec 2020 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 131'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '18 Dec 2020 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '22 Dec 2020 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 138'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '25 Dec 2020 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '29 Dec 2020 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 145'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '01 Jan 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '05 Jan 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 152'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '08 Jan 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '12 Jan 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 159'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '15 Jan 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '19 Jan 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 166'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '22 Jan 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '26 Jan 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 173'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '29 Jan 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '02 Feb 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 180'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '05 Feb 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '09 Feb 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 187'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '12 Feb 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '16 Feb 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 194'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '19 Feb 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '23 Feb 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 201'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '26 Feb 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '02 Mar 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 208'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '05 Mar 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '09 Mar 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 215'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '12 Mar 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '16 Mar 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 222'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '19 Mar 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '23 Mar 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 229'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '26 Mar 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '30 Mar 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 236'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '02 Apr 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '06 Apr 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 243'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '09 Apr 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '13 Apr 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 250'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '16 Apr 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '20 Apr 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 257'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '23 Apr 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '27 Apr 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 264'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '30 Apr 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '04 May 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 271'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '07 May 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '11 May 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 278'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '14 May 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '18 May 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 285'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '21 May 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '25 May 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 292'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '28 May 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '01 Jun 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 299'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '04 Jun 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '08 Jun 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 306'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '11 Jun 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '15 Jun 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 313'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '18 Jun 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '22 Jun 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 320'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '25 Jun 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '29 Jun 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 327'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '02 Jul 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '06 Jul 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 334'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '09 Jul 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '13 Jul 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 341'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '16 Jul 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '20 Jul 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 348'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '23 Jul 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '27 Jul 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 355'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '30 Jul 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '03 Aug 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 362'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '06 Aug 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '10 Aug 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 369'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '13 Aug 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '17 Aug 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 376'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '20 Aug 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '24 Aug 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 383'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '27 Aug 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '31 Aug 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 390'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '03 Sep 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '07 Sep 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 397'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '10 Sep 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '14 Sep 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 404'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '17 Sep 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '21 Sep 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 411'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '24 Sep 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '28 Sep 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 418'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '01 Oct 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '05 Oct 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 425'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '08 Oct 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '12 Oct 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 432'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '15 Oct 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '19 Oct 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 439'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '22 Oct 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '26 Oct 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 446'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '29 Oct 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '02 Nov 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 453'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '05 Nov 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '09 Nov 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 460'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '12 Nov 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '16 Nov 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 467'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '19 Nov 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '23 Nov 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 474'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '26 Nov 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '30 Nov 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 481'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '03 Dec 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '07 Dec 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 488'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '10 Dec 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '14 Dec 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 495'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '17 Dec 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '21 Dec 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 502'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '24 Dec 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '28 Dec 2021 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 509'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '31 Dec 2021 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '04 Jan 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 516'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '07 Jan 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '11 Jan 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 523'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '14 Jan 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '18 Jan 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 530'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '21 Jan 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '25 Jan 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 537'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '28 Jan 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '01 Feb 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 544'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '04 Feb 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '08 Feb 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 551'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '11 Feb 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '15 Feb 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 558'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '18 Feb 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '22 Feb 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 565'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '25 Feb 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '01 Mar 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 572'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '04 Mar 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '08 Mar 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 579'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '11 Mar 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '15 Mar 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 586'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '18 Mar 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '22 Mar 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 593'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '25 Mar 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '29 Mar 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 600'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '01 Apr 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '05 Apr 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 607'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '08 Apr 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '12 Apr 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 614'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '15 Apr 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '19 Apr 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 621'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '22 Apr 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '26 Apr 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 628'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '29 Apr 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '03 May 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 635'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '06 May 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '10 May 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 642'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '13 May 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '17 May 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 649'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '20 May 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '24 May 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 656'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '27 May 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '31 May 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 663'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '03 Jun 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '07 Jun 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 670'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '10 Jun 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '14 Jun 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 677'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '17 Jun 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '21 Jun 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 684'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '24 Jun 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '28 Jun 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 691'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '01 Jul 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '05 Jul 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 698'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '08 Jul 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '12 Jul 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 705'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '15 Jul 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '19 Jul 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 712'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '22 Jul 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '26 Jul 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 719'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '29 Jul 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '02 Aug 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 726'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '05 Aug 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '09 Aug 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 733'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '12 Aug 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '16 Aug 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 740'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '19 Aug 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '23 Aug 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 747'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '26 Aug 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '30 Aug 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 754'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '02 Sep 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '06 Sep 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 761'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '09 Sep 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '13 Sep 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 768'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '16 Sep 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '20 Sep 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 775'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '23 Sep 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '27 Sep 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 782'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '30 Sep 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '04 Oct 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 789'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '07 Oct 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '11 Oct 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered 'Day 796'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '14 Oct 2022 00:01'	System	19 Nov 2020 05:04:26

US3392008

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 11:03:17

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 05:04:26
Amendment Manager: User entered '18 Oct 2022 23:59'	System	19 Nov 2020 05:04:26

US3392008

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	12 Nov 2020 22:58:40

US3392008

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

[Date of Contact or Contact Attempt \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered '4 Nov 2020'	(b) (4), (b) (6)	12 Nov 2020 22:58:40

US3392008

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	12 Nov 2020 22:58:40

US3392008

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 11:03:17

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	12 Nov 2020 22:58:40

US3392008

Folder: Safety Call Day 85 (1)

Form: Continuing

Generated On: 26 Nov 2020 11:03:17

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	12 Nov 2020 22:58:45

US3392008

Folder: Safety Call Day 85 (1)

Form: Continuing

Generated On: 26 Nov 2020 11:03:17

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	12 Nov 2020 22:58:45

US3392008

Folder: Covid-19 Assessment 12 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 11:03:17

[Date of Contact](#)

Audit	User	Time (GMT)
User entered '12 Aug 2020' reason for change: Data Entry Error	Brandon Illickal (b) (4)	24 Nov 2020 22:19:46
User entered '19 Aug 2020'	Brandon Illickal (b) (4)	19 Aug 2020 21:52:30

US3392008

Folder: Covid-19 Assessment 12 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 11:03:17

[Time of Contact](#)

Audit	User	Time (GMT)
User entered '15:29'	Brandon Illickal (b) (4)	19 Aug 2020 21:52:30

US3392008

Folder: Covid-19 Assessment 12 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 11:03:17

[Date and Time of Contact \(derived\)](#)

Audit	User	Time (GMT)
User entered '12 Aug 2020 15:29'	System	24 Nov 2020 22:19:46
User entered '19 Aug 2020 15:29'	System	19 Aug 2020 21:52:30

US3392008

Folder: Covid-19 Assessment 12 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 11:03:17

[Type of Contact](#)

Audit	User	Time (GMT)
User entered 'Safety Call (Safety Call)'	Brandon Illickal (b) (4)	19 Aug 2020 21:52:30

US3392008

Folder: Covid-19 Assessment 12 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 11:03:17

[Has the subject reported symptoms of SARS-COV-2?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Brandon Illickal (b) (4)	19 Aug 2020 21:52:30

US3392008

Folder: Covid-19 Assessment 12 Aug 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 11:03:17

[Generate Next COVID-19 Assessment](#)

Audit	User	Time (GMT)
User entered 'No (N)' reason for change: Data Entry Error	Brandon Illickal (b) (4)	24 Nov 2020 22:20:41
User entered 'Yes (Y)'	Brandon Illickal (b) (4)	28 Aug 2020 15:16:13

US3392008

Folder: Adverse Events

Form: Adverse Events Summary

Generated On: 26 Nov 2020 11:03:17

[Did the participant experience any adverse events?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Brandon Illickal (b) (4)	26 Aug 2020 15:53:48

US3392008

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination Summary

Generated On: 26 Nov 2020 11:03:17

[Were any prior/concomitant medications and/or vaccinations taken?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Brandon Illickal (b) (4)	24 Aug 2020 22:44:23

US3392008

Folder: Concomitant Procedures (1)

Form: Concomitant Procedures Summary

Generated On: 26 Nov 2020 11:03:17

[Were any concomitant procedures performed?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Brandon Illickal (b) (4)	24 Aug 2020 22:44:17

US3392008

Folder: End of Study (1)

Form: Dosing Discontinuation

Generated On: 26 Nov 2020 11:03:17

Date of dosing discontinuation (dd MMM yyyy)

Audit	User	Time (GMT)
User entered '19 Aug 2020'	Brandon Illickal (b) (4)	19 Aug 2020 23:37:37

US3392008

Folder: End of Study (1)

Form: Dosing Discontinuation

Generated On: 26 Nov 2020 11:03:17

[Primary reason for dosing discontinuation](#)

Audit	User	Time (GMT)
Query 'Subject status in Endpoint is Randomized, please update to Treatment Discontinued' answered with 'Date of treatment discontinuation is 18-AUG-2020. Endpoint will not allow this date to be entered as it is prior to the subjects last visit.' (Site from CRA).	Brandon Illickal (b) (4)	24 Nov 2020 22:28:11
Query 'Per CDM: Primary reason for dosing discontinuation is recorded as 'Due to SARS-COV-2',However, no data is recorded on 'Covid -19 Assessment' form 'Adverse event' form and 'End of Study / Study Discontinuation' form. Kindly verify and consider to update all the necessary eCRFs required else clarify.' answered with 'Subject was asymptomatic and tested positive at Visit 01 Baseline Month 0. Because the subject was asymptomatic the Covid assessment forms do not populate past "COVID-19 Contact"' (Site from DM).	Brandon Illickal (b) (4)	24 Nov 2020 22:23:20
User opened query 'Subject status in Endpoint is Randomized, please update to Treatment Discontinued' (Site from CRA).	(b) (4), (b) (6)	06 Nov 2020 15:28:25
User opened query 'Per CDM: Primary reason for dosing discontinuation is recorded as 'Due to SARS-COV-2',However, no data is recorded on 'Covid -19 Assessment' form 'Adverse event' form and 'End of Study / Study Discontinuation' form. Kindly verify and consider to update all the necessary eCRFs required else clarify.' (Site from DM).	(b) (4), (b) (6)	23 Sep 2020 09:36:56
Reviewed for Data Management.	(b) (4), (b) (6)	23 Sep 2020 09:36:50
Query 'Per DM RQ: Kindly record all the required eCRFs and then send the query back for DM review.' canceled (Site from DM).	(b) (4), (b) (6)	14 Sep 2020 15:02:21
User opened query 'Per DM RQ: Kindly record all the required eCRFs and then send the query back for DM review.' (Site from DM).	(b) (4), (b) (6)	03 Sep 2020 13:11:08
User closed query 'Per DMR: Primary reason is recorded as "Due to SARS-COV-2". Kindly ensure all Covid assessments performed are recorded in respective eCRFs.' (Site from DM).	(b) (4), (b) (6)	03 Sep 2020 13:11:08

US3392008

Folder: End of Study (1)

Form: Dosing Discontinuation

Generated On: 26 Nov 2020 11:03:17

[Primary reason for dosing discontinuation](#)

Audit	User	Time (GMT)
Query 'Per DMR: Primary reason is recorded as "Due to SARS-COV-2". Kindly ensure all Covid assessments performed are recorded in respective eCRFs.' answered with 'Covid assessments are being recorded weekly' (Site from DM).	Brandon Illickal (b) (4)	28 Aug 2020 15:21:11
User opened query 'Per DMR: Primary reason is recorded as "Due to SARS-COV-2". Kindly ensure all Covid assessments performed are recorded in respective eCRFs.' (Site from DM).	(b) (4), (b) (6)	26 Aug 2020 09:48:25
User entered 'Due to SARS-COV-2 (COVID)'	Brandon Illickal (b) (4)	19 Aug 2020 23:37:37

US3392008

Folder: End of Study (1)

Form: Dosing Discontinuation

Generated On: 26 Nov 2020 11:03:17

If reason is AE, SAE, Physician Decision, Withdrawal of consent by participant, Protocol deviation, or Other, specify

Audit	User	Time (GMT)
User entered empty.	Brandon Illickal (b) (4)	19 Aug 2020 23:37:37

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

[SAEID](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	24 Sep 2020 01:40:57
User entered 'USA-US119-2020-MRNA-1273-P301000002'	System	24 Sep 2020 01:40:33

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

Serious

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	25 Sep 2020 15:18:50
Un-reviewed for Safety.	System	24 Sep 2020 20:15:35
User entered 'No (N)'	System	24 Sep 2020 20:15:35
Reviewed for Safety.	(b) (4), (b) (6)	24 Sep 2020 01:40:57
User entered 'Yes (Y)'	System	24 Sep 2020 01:40:33

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

[Death](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	24 Sep 2020 01:40:57
User entered 'No (N)'	System	24 Sep 2020 01:40:33

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

[Life threatening](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	24 Sep 2020 01:40:57
User entered 'No (N)'	System	24 Sep 2020 01:40:33

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	24 Sep 2020 01:40:57
User entered 'No (N)'	System	24 Sep 2020 01:40:33

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	24 Sep 2020 01:40:57
User entered 'No (N)'	System	24 Sep 2020 01:40:33

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	24 Sep 2020 01:40:57
User entered 'No (N)'	System	24 Sep 2020 01:40:33

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

[Other medically important event](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	25 Sep 2020 15:18:50
Un-reviewed for Safety.	System	24 Sep 2020 20:15:35
User entered 'No (N)'	System	24 Sep 2020 20:15:35
Reviewed for Safety.	(b) (4), (b) (6)	24 Sep 2020 01:40:57
User entered 'Yes (Y)'	System	24 Sep 2020 01:40:33

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

[Investigator's First Name](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	24 Sep 2020 01:40:57
User entered 'Michael'	System	24 Sep 2020 01:40:33

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

[Investigator's Last Name](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	24 Sep 2020 01:40:57
User entered 'Cotugno'	System	24 Sep 2020 01:40:33

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

[Investigator Country](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	25 Sep 2020 15:18:50
User entered 'US'	System	24 Sep 2020 01:41:02

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

[E2B Transmit Flag \(Derived/Hidden\)](#)

Audit	User	Time (GMT)
User entered '2'	System	25 Sep 2020 15:19:02
User entered '1'	System	24 Sep 2020 01:41:02

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

[SAEID](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	24 Sep 2020 01:40:57
User entered 'USA-US119-2020-MRNA-1273-P301000002'	System	24 Sep 2020 01:40:33

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

Serious

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	25 Sep 2020 15:18:50
Un-reviewed for Safety.	System	24 Sep 2020 20:15:35
User entered 'No (N)'	System	24 Sep 2020 20:15:35
Reviewed for Safety.	(b) (4), (b) (6)	24 Sep 2020 01:40:57
User entered 'Yes (Y)'	System	24 Sep 2020 01:40:33

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

[Death](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	24 Sep 2020 01:40:57
User entered 'No (N)'	System	24 Sep 2020 01:40:33

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

[Life threatening](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	24 Sep 2020 01:40:57
User entered 'No (N)'	System	24 Sep 2020 01:40:33

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	24 Sep 2020 01:40:57
User entered 'No (N)'	System	24 Sep 2020 01:40:33

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	24 Sep 2020 01:40:57
User entered 'No (N)'	System	24 Sep 2020 01:40:33

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	24 Sep 2020 01:40:57
User entered 'No (N)'	System	24 Sep 2020 01:40:33

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

[Other medically important event](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	25 Sep 2020 15:18:50
Un-reviewed for Safety.	System	24 Sep 2020 20:15:35
User entered 'No (N)'	System	24 Sep 2020 20:15:35
Reviewed for Safety.	(b) (4), (b) (6)	24 Sep 2020 01:40:57
User entered 'Yes (Y)'	System	24 Sep 2020 01:40:33

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

[Investigator's First Name](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	24 Sep 2020 01:40:57
User entered 'Michael'	System	24 Sep 2020 01:40:33

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

[Investigator's Last Name](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	24 Sep 2020 01:40:57
User entered 'Cotugno'	System	24 Sep 2020 01:40:33

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

[Investigator Country](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	25 Sep 2020 15:18:50
User entered 'US'	System	24 Sep 2020 01:41:02

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

[E2B Transmit Flag \(Derived/Hidden\)](#)

Audit	User	Time (GMT)
User entered '2'	System	25 Sep 2020 15:19:02
User entered '1'	System	24 Sep 2020 01:41:02

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form (1)

Generated On: 26 Nov 2020 11:03:17

[Date of submission \(Pre-filled from custom function\)](#)

Audit	User	Time (GMT)
User entered '23/Sep/2020 21:41'	System	24 Sep 2020 01:41:02

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form (1)

Generated On: 26 Nov 2020 11:03:17

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)	25 Sep 2020 15:18:50
User entered '1'	(b) (4), (b) (6)	24 Sep 2020 01:41:02

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

[SAEID](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	24 Sep 2020 01:40:57
User entered 'USA-US119-2020-MRNA-1273-P301000002'	System	24 Sep 2020 01:40:33

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

Serious

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	25 Sep 2020 15:18:50
Un-reviewed for Safety.	System	24 Sep 2020 20:15:35
User entered 'No (N)'	System	24 Sep 2020 20:15:35
Reviewed for Safety.	(b) (4), (b) (6)	24 Sep 2020 01:40:57
User entered 'Yes (Y)'	System	24 Sep 2020 01:40:33

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

Death

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	24 Sep 2020 01:40:57
User entered 'No (N)'	System	24 Sep 2020 01:40:33

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

[Life threatening](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	24 Sep 2020 01:40:57
User entered 'No (N)'	System	24 Sep 2020 01:40:33

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	24 Sep 2020 01:40:57
User entered 'No (N)'	System	24 Sep 2020 01:40:33

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	24 Sep 2020 01:40:57
User entered 'No (N)'	System	24 Sep 2020 01:40:33

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	24 Sep 2020 01:40:57
User entered 'No (N)'	System	24 Sep 2020 01:40:33

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

[Other medically important event](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	25 Sep 2020 15:18:50
Un-reviewed for Safety.	System	24 Sep 2020 20:15:35
User entered 'No (N)'	System	24 Sep 2020 20:15:35
Reviewed for Safety.	(b) (4), (b) (6)	24 Sep 2020 01:40:57
User entered 'Yes (Y)'	System	24 Sep 2020 01:40:33

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

[Investigator's First Name](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	24 Sep 2020 01:40:57
User entered 'Michael'	System	24 Sep 2020 01:40:33

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

[Investigator's Last Name](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	24 Sep 2020 01:40:57
User entered 'Cotugno'	System	24 Sep 2020 01:40:33

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

[Investigator Country](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	25 Sep 2020 15:18:50
User entered 'US'	System	24 Sep 2020 01:41:02

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 11:03:17

[E2B Transmit Flag \(Derived/Hidden\)](#)

Audit	User	Time (GMT)
User entered '2'	System	25 Sep 2020 15:19:02
User entered '1'	System	24 Sep 2020 01:41:02

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form (2)

Generated On: 26 Nov 2020 11:03:17

[Date of submission \(Pre-filled from custom function\)](#)

Audit	User	Time (GMT)
User entered '25/Sep/2020 11:19'	System	25 Sep 2020 15:19:02

US3392008

Folder: SAE USA-US119-2020-MRNA-1273-P301000002

Form: Safety Report Form (2)

Generated On: 26 Nov 2020 11:03:17

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)	25 Sep 2020 15:19:12
User entered '1'	(b) (4), (b) (6)	25 Sep 2020 15:19:02