

US3432242 (Prod: Brigham and Womens Hospital)

Generated By: (b) (6)

Generated On: 26 Nov 2020 09:23:04

All time stamps listed in this document are displayed in GMT

US3432242

Form: Participant Creation

Generated On: 26 Nov 2020 09:23:04

[Participant ID](#)

US3432242

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

US3432242

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 09:23:04

Was this visit performed?	Yes ☒
	No ☐
Visit date (dd MMM yyyy)	22 AUG 2020
Was visit performed at the participant's home or at the clinic?	Home ☐
	Clinic ☒
Folder OID	SCRN

US3432242

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:23:04

Date of Birth (MMM yyyy)	(b) (6) 1950
Age	70
Age Units	YEARS
Age (Derived)	70
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

US3432242

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 09:23:04

Date of Informed Consent (<i>dd MMM yyyy</i>)	22 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

US3432242

Folder: Screening

Form: Inclusion/Exclusion Criteria Summary

Generated On: 26 Nov 2020 09:23:04

Did the participant meet all eligibility criteria?

Yes ☒

No ☐

US3432242

Folder: Screening

Form: Medical History Summary

Generated On: 26 Nov 2020 09:23:04

Were any significant conditions reported?

Yes ☒

No ☐

US3432242

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 09:23:04

Condition	HYPERCHOLESTEROLEMIA
Start date (dd MMM yyyy)	UN UNK 2014
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)	JAN 2014
Start Year (derived)	2014
Stop Month and Year (derived)	
Stop Year (derived)	

US3432242

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 09:23:04

Condition	ANXIETY
Start date (dd MMM yyyy)	UN UNK 2001
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)	JAN 2001
Start Year (derived)	2001
Stop Month and Year (derived)	_____
Stop Year (derived)	_____

US3432242

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 09:23:04

Condition	INSOMNIA
Start date (dd MMM yyyy)	UN JUL 2020
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)	JUL 2020
Start Year (derived)	2020
Stop Month and Year (derived)	_____
Stop Year (derived)	_____

US3432242

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 09:23:04

Condition	HYPERTENSION
Start date (dd MMM yyyy)	UN UNK 2019
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)	JAN 2019
Start Year (derived)	2019
Stop Month and Year (derived)	_____
Stop Year (derived)	_____

US3432242

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

Were vital signs assessed?	Yes ☒
	No ☐
Date of assessment (<i>dd MMM yyyy</i>)	22 AUG 2020
Time of assessment (<i>00:00-23:59</i>)	08:45 (24 HR)
Vital Signs Date and Time (derived)	22 AUG 2020 08:45
Height (<i>xxx.x</i>)	181 cm
Weight (<i>xxx.x</i>)	71.6 kg
BMI (<i>xxx.x</i>)	21.85525 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)	

US3432242

Folder: Screening

Form: Physical Examination

Generated On: 26 Nov 2020 09:23:04

Was the physical examination performed?

Yes ☒

No ☐

Date of examination (dd MMM yyyy)

22 AUG 2020

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

US3432242

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:23:04

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

US3432242

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:23:04

Resides in high density housing (e.g., high rise apartments with shared entrances or elevators)	False
Resides in low density, multi-family setting without (e.g., apartments complex without shared entrances or elevators, duplexes)	False
Resides in a single family home (i.e., detached housing)	True
Other	False
Specify	

US3432242

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 09:23:04

Was this visit performed?	Yes ☒
	No ☐
Visit date (dd MMM yyyy)	22 AUG 2020
Was visit performed at the participant's home or at the clinic?	Home ☐
	Clinic ☒
Folder OID	VISIT1

US3432242

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 09:23:04

What was the date of randomization? (dd MMM yyyy) 22 AUG 2020

What was the participant's randomization number? 187775

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 ☒

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 09:23:04

Height	ND - Not Done
Weight	ND - Not Done

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:23:04

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)	22 AUG 2020
Time of assessment (00:00-23:59)	8:45 (24 HR)
Vital Signs Date and Time (derived)	22 AUG 2020 8:45
Temperature (xxx.x)	37 C
Route of measurement	Oral ☒ Axillary ☐ Other ☐
If Other, specify	
Pulse (xxx)	59 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	149 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	72 mmHg
Diastolic Blood Pressure units	MMHG

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:23:04

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)	22 AUG 2020
Time of assessment (00:00-23:59)	10:07 (24 HR)
Vital Signs Date and Time (derived)	22 AUG 2020 10:07
Temperature (xxx.x)	36.8 C
Route of measurement	Oral ☒ Axillary ☐ Other ☐
If Other, specify	
Pulse (xxx)	51 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	156 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	75 mmHg
Diastolic Blood Pressure units	MMHG

US3432242

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 09:23:04

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.

US3432242

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 09:23:04

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) 22 AUG 2020

What was the treatment time? (00:00-23:59) 9:32 (24 HR)

Treatment Date and Time (derived) 22 AUG 2020 9:32

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

US3432242

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:23:04

Was the sample collected?

Yes ☒

No ☐

Collection date (*dd MMM yyyy*)

22 AUG 2020

Collection time (*00:00-23:59*)

9:10 (24 HR)

Collection date and time (derived)

22 AUG 2020 9:10

US3432242

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 09:23:04

Collection date (<i>dd MMM yyyy</i>)			22 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	09:16	22 AUG 2020 09:16
Nasopharyngeal Swab 2	No		

US3432242

Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 09:23:04

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

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

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

22 AUG 2020 10:17

PC Open Date & Time

22 AUG 2020 09:52

PC Close Date & Time

22 AUG 2020 12:22

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

DAY 1, AFTER VACCINATION
(AT HOME)

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

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

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

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

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

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

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

Was **TEMPERATURE** taken? Yes ☒ No ☐

Please record your **TEMPERATURE** in °F 97.4 °F

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

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

PC Time Stamp	23 AUG 2020 10:05
PC Open Date & Time	22 AUG 2020 13:17
PC Close Date & Time	23 AUG 2020 11:59

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

DAY 2

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

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

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

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

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

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

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

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

97.5 °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

24 AUG 2020 07:33

PC Open Date & Time

23 AUG 2020 12:00

PC Close Date & Time

24 AUG 2020 11:59

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

DAY 3

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

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

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

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

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

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

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

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

97.3 °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

25 AUG 2020 08:18

PC Open Date & Time

24 AUG 2020 12:00

PC Close Date & Time

25 AUG 2020 11:59

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

DAY 4

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

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

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

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

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

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

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

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

97.2 °F

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

Yes ☐

No ☒

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

PC Time Stamp

26 AUG 2020 08:07

PC Open Date & Time

25 AUG 2020 12:00

PC Close Date & Time

26 AUG 2020 11:59

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

DAY 5

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

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

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

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

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

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

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

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

97.2 °F

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

Yes ☐

No ☒

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

PC Time Stamp

27 AUG 2020 08:23

PC Open Date & Time

26 AUG 2020 12:00

PC Close Date & Time

27 AUG 2020 11:59

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

DAY 6

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

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

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

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

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

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

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

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

96.0 °F

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

Yes ☐

No ☒

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

PC Time Stamp

28 AUG 2020 07:37

PC Open Date & Time

27 AUG 2020 12:00

PC Close Date & Time

28 AUG 2020 11:59

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

DAY 7

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

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

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

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

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

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

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

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

98.0 °F

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

Yes ☐

No ☒

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

PC Time Stamp

29 AUG 2020 10:06

PC Open Date & Time

28 AUG 2020 12:00

PC Close Date & Time

29 AUG 2020 11:59

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

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

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

Please select one response below

None ☒

Does not interfere with activity ☐

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

Any use of prescription pain
reliever or prevents daily activity ☐

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

Yes ☐

No ☒

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

Yes ☐

No ☒

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

Please select one response below

None ☒

Does not interfere with activity ☐

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

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

22 AUG 2020 10:18

PC Open Date & Time

22 AUG 2020 09:52

PC Close Date & Time

22 AUG 2020 12:22

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

DAY 1, AFTER VACCINATION
(AT HOME)

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

Please select one response below

None ☐

Does not interfere with activity ☒

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

Any use of prescription pain
reliever or prevents daily activity ☐

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

Yes ☐

No ☒

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

Yes ☒

No ☐

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

1

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

23 AUG 2020 10:07

PC Open Date & Time

22 AUG 2020 13:17

PC Close Date & Time

23 AUG 2020 11:59

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

DAY 2

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

None ☐

Please select one response below

Does not interfere with activity ☒

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

Any use of prescription pain
reliever or prevents daily activity ☐

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

Yes ☐

No ☒

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

Yes ☒

No ☐

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

1

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

24 AUG 2020 07:34

PC Open Date & Time

23 AUG 2020 12:00

PC Close Date & Time

24 AUG 2020 11:59

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

DAY 3

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

None ☒

Please select one response below

Does not interfere with activity ☐

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

Any use of prescription pain
reliever or prevents daily activity ☐

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

Yes ☐

No ☒

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

Yes ☐

No ☒

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

None ☒

Please select one response below

Does not interfere with activity ☐

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

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

25 AUG 2020 08:18

PC Open Date & Time

24 AUG 2020 12:00

PC Close Date & Time

25 AUG 2020 11:59

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

DAY 4

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

None ☒

Please select one response below

Does not interfere with activity ☐

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

Any use of prescription pain
reliever or prevents daily activity ☐

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

Yes ☐

No ☒

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

Yes ☐

No ☒

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

None ☒

Please select one response below

Does not interfere with activity ☐

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

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

26 AUG 2020 08:07

PC Open Date & Time

25 AUG 2020 12:00

PC Close Date & Time

26 AUG 2020 11:59

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:23:04

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

27 AUG 2020 08:24

PC Open Date & Time

26 AUG 2020 12:00

PC Close Date & Time

27 AUG 2020 11:59

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:23:04

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

28 AUG 2020 07:38

PC Open Date & Time

27 AUG 2020 12:00

PC Close Date & Time

28 AUG 2020 11:59

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 09:23:04

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

29 AUG 2020 10:07

PC Open Date & Time

28 AUG 2020 12:00

PC Close Date & Time

29 AUG 2020 11:59

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

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

No ☒

Yes ☐

PC Time stamp	22 AUG 2020 10:19
PC Open Date & Time	22 AUG 2020 09:52
PC Close Date & Time	22 AUG 2020 12:22

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

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

No ☒

Yes ☐

PC Time stamp	23 AUG 2020 10:08
PC Open Date & Time	22 AUG 2020 13:17
PC Close Date & Time	23 AUG 2020 11:59

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:23:04

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 ☒

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:23:04

Yes ☐	
PC Time stamp	24 AUG 2020 07:35
PC Open Date & Time	23 AUG 2020 12:00
PC Close Date & Time	24 AUG 2020 11:59

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:23:04

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 ☒

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:23:04

Yes ☐	
PC Time stamp	25 AUG 2020 08:19
PC Open Date & Time	24 AUG 2020 12:00
PC Close Date & Time	25 AUG 2020 11:59

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:23:04

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 ☒

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:23:04

Yes ☐	
PC Time stamp	26 AUG 2020 08:08
PC Open Date & Time	25 AUG 2020 12:00
PC Close Date & Time	26 AUG 2020 11:59

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:23:04

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 ☒

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:23:04

Yes ☐	
PC Time stamp	27 AUG 2020 08:24
PC Open Date & Time	26 AUG 2020 12:00
PC Close Date & Time	27 AUG 2020 11:59

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:23:04

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 ☒

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:23:04

Yes ☐	
PC Time stamp	28 AUG 2020 07:38
PC Open Date & Time	27 AUG 2020 12:00
PC Close Date & Time	28 AUG 2020 11:59

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:23:04

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 ☒

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:23:04

Yes ☐	
PC Time stamp	29 AUG 2020 10:07
PC Open Date & Time	28 AUG 2020 12:00
PC Close Date & Time	29 AUG 2020 11:59

US3432242

Folder: Diary Dose 1 (1)

Form: JointsAche_Day(8)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

DAY 8

Select one response below to indicate the intensity of your **JOINT**

None ☐

ACHES IN SEVERAL JOINTS

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily activity ☐

PC Time stamp

PC Open Date & Time

29 AUG 2020 12:00

PC Close Date & Time

30 AUG 2020 11:59

US3432242

Folder: Diary Dose 1 (1)

Form: JointsAche_Day(9)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

DAY 9

Select one response below to indicate the intensity of your **JOINT**

None ☐

ACHES IN SEVERAL JOINTS

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily activity ☐

PC Time stamp

PC Open Date & Time

30 AUG 2020 12:00

PC Close Date & Time

31 AUG 2020 11:59

US3432242

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(8)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT	DAY 8
Did you receive any MEDICAL ATTENTION (doctor visit, other) for any illness or symptoms?	No ☐
	Yes ☐
PC Time stamp	
PC Open Date & Time	29 AUG 2020 12:00
PC Close Date & Time	30 AUG 2020 11:59

US3432242

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(9)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT	DAY 9
Did you receive any MEDICAL ATTENTION (doctor visit, other) for any illness or symptoms?	No ☐
	Yes ☐
PC Time stamp	
PC Open Date & Time	30 AUG 2020 12:00
PC Close Date & Time	31 AUG 2020 11:59

US3432242

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

Was Contact Attempted?

Yes ☒

No ☐

Date of Contact or Contact Attempt (dd MMM yyyy)

29 AUG 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3432242

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:23:04

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3432242

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

Was Contact Attempted?

Yes ☒

No ☐

Date of Contact or Contact Attempt (dd MMM yyyy)

05 SEP 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3432242

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:23:04

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3432242

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

Was Contact Attempted?

Yes ☒

No ☐

Date of Contact or Contact Attempt (dd MMM yyyy)

14 SEP 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3432242

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:23:04

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3432242

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 09:23:04

Was this visit performed?	Yes ☒
	No ☐
Visit date (dd MMM yyyy)	21 SEP 2020
Was visit performed at the participant's home or at the clinic?	Home ☐
	Clinic ☒
Folder OID	VISIT2

US3432242

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:23:04

Timepoint	Pre-Dose ☒
	Post-Dose ☐
Were vital signs assessed?	Yes ☒
	No ☐
Date of assessment (dd MMM yyyy)	21 SEP 2020
Time of assessment (00:00-23:59)	8:17 (24 HR)
Vital Signs Date and Time (derived)	21 SEP 2020 8:17
Temperature (xxx.x)	98.3 F
Route of measurement	Oral ☒
	Axillary ☐
	Other ☐
If Other, specify	
Pulse (xxx)	58 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	156 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	75 mmHg
Diastolic Blood Pressure units	MMHG

US3432242

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:23:04

Timepoint	Pre-Dose ☐
	Post-Dose ☒
Were vital signs assessed?	Yes ☒
	No ☐
Date of assessment (dd MMM yyyy)	21 SEP 2020
Time of assessment (00:00-23:59)	9:30 (24 HR)
Vital Signs Date and Time (derived)	21 SEP 2020 9:30
Temperature (xxx.x)	97.9 F
Route of measurement	Oral ☒
	Axillary ☐
	Other ☐
If Other, specify	
Pulse (xxx)	51 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	166 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	81 mmHg
Diastolic Blood Pressure units	MMHG

US3432242

Folder: Visit 2 Day 29 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 09:23:04

Was the physical examination performed?

Yes ☒

No ☐

Date of examination (dd MMM yyyy)

21 SEP 2020

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

US3432242

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 09:23:04

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)	21 SEP 2020
What was the treatment time? (00:00-23:59)	08:58 (24 HR)
Treatment Date and Time (derived)	21 SEP 2020 08:58
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

US3432242

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:23:04

Was the sample collected?	Yes ☒
	No ☐
Collection date (<i>dd MMM yyyy</i>)	21 SEP 2020
Collection time (<i>00:00-23:59</i>)	08:35 (24 HR)
Collection date and time (derived)	21 SEP 2020 08:35

US3432242

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 09:23:04

Collection date (dd MMM yyyy)			21 SEP 2020
Lab Test	Was the sample collected?	Collection time (00:00 - 23:59)	Collection date and time (derived)
Nasopharyngeal Swab 1	Yes	08:43	21 SEP 2020 08:43
Nasopharyngeal Swab 2	No		

US3432242

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:23:04

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

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

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

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

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

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

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

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

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

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

97.9 °F

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

Yes ☐

No ☒

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

PC Time Stamp

21 SEP 2020 09:35

PC Open Date & Time

21 SEP 2020 09:18

PC Close Date & Time

21 SEP 2020 11:48

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

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 101.7 °F

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

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

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

To **PREVENT** pain or fever from occurring False

PC Time Stamp 22 SEP 2020 07:33

PC Open Date & Time 21 SEP 2020 12:43

PC Close Date & Time 22 SEP 2020 11:59

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

DAY 2

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

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

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

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

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

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

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

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

98.4 °F

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

Yes ☐

No ☒

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

PC Time Stamp

23 SEP 2020 09:09

PC Open Date & Time

22 SEP 2020 12:00

PC Close Date & Time

23 SEP 2020 11:59

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 09:23:04

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 23 SEP 2020 12:00

PC Close Date & Time 24 SEP 2020 11:59

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 09:23:04

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

98.4 °F

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

Yes ☐

No ☒

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

PC Time Stamp

24 SEP 2020 18:38

PC Open Date & Time

24 SEP 2020 12:00

PC Close Date & Time

25 SEP 2020 11:59

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

DAY 5

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

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

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

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

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

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

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

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

97.6 °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

26 SEP 2020 10:04

PC Open Date & Time

25 SEP 2020 12:00

PC Close Date & Time

26 SEP 2020 11:59

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

DAY 6

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

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

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

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

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

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

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

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

97.2 °F

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

Yes ☐

No ☒

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

PC Time Stamp

27 SEP 2020 11:06

PC Open Date & Time

26 SEP 2020 12:00

PC Close Date & Time

27 SEP 2020 11:59

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

DAY 7

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

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

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

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

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

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

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

Was **TEMPERATURE** taken? Yes ☐
No ☐

Please record your **TEMPERATURE in °F**

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 27 SEP 2020 12:00

PC Close Date & Time 28 SEP 2020 11:59

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

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

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

Please select one response below

None ☒

Does not interfere with activity ☐

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

Any use of prescription pain
reliever or prevents daily activity ☐

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

Yes ☐

No ☒

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

Yes ☐

No ☒

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

Please select one response below

None ☒

Does not interfere with activity ☐

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

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

21 SEP 2020 09:35

PC Open Date & Time

21 SEP 2020 09:18

PC Close Date & Time

21 SEP 2020 11:48

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

DAY 1, AFTER VACCINATION
(AT HOME)

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

Please select one response below

None ☐

Does not interfere with activity ☒

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

Any use of prescription pain
reliever or prevents daily activity ☐

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

Yes ☐

No ☒

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

Yes ☒

No ☐

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

5

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

22 SEP 2020 07:36

PC Open Date & Time

21 SEP 2020 12:43

PC Close Date & Time

22 SEP 2020 11:59

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

DAY 2

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

None ☐

Please select one response below

Does not interfere with activity ☒

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

Any use of prescription pain
reliever or prevents daily activity ☐

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

Yes ☐

No ☒

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

Yes ☐

No ☒

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

None ☒

Please select one response below

Does not interfere with activity ☐

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

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

23 SEP 2020 09:10

PC Open Date & Time

22 SEP 2020 12:00

PC Close Date & Time

23 SEP 2020 11:59

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 09:23:04

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

23 SEP 2020 12:00

PC Close Date & Time

24 SEP 2020 11:59

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

DAY 4

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

None ☐

Please select one response below

Does not interfere with activity ☒

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

Any use of prescription pain
reliever or prevents daily activity ☐

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

Yes ☐

No ☒

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

Yes ☐

No ☒

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

None ☒

Please select one response below

Does not interfere with activity ☐

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

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

24 SEP 2020 18:38

PC Open Date & Time

24 SEP 2020 12:00

PC Close Date & Time

25 SEP 2020 11:59

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:23:04

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

26 SEP 2020 10:04

PC Open Date & Time

25 SEP 2020 12:00

PC Close Date & Time

26 SEP 2020 11:59

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:23:04

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

27 SEP 2020 11:07

PC Open Date & Time

26 SEP 2020 12:00

PC Close Date & Time

27 SEP 2020 11:59

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 09:23:04

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 ☐

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

27 SEP 2020 12:00

PC Close Date & Time

28 SEP 2020 11:59

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

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

No ☒

Yes ☐

PC Time stamp	21 SEP 2020 09:36
PC Open Date & Time	21 SEP 2020 09:18
PC Close Date & Time	21 SEP 2020 11:48

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

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

No ☒

Yes ☐

PC Time stamp	22 SEP 2020 07:37
PC Open Date & Time	21 SEP 2020 12:43
PC Close Date & Time	22 SEP 2020 11:59

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:23:04

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 ☒

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:23:04

Yes ☐	
PC Time stamp	23 SEP 2020 09:11
PC Open Date & Time	22 SEP 2020 12:00
PC Close Date & Time	23 SEP 2020 11:59

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:23:04

		Yes ☐
PC Time stamp		
PC Open Date & Time		23 SEP 2020 12:00
PC Close Date & Time		24 SEP 2020 11:59

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:23:04

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 ☒

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:23:04

Yes ☐	
PC Time stamp	24 SEP 2020 18:39
PC Open Date & Time	24 SEP 2020 12:00
PC Close Date & Time	25 SEP 2020 11:59

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:23:04

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 ☒

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:23:04

Yes ☐	
PC Time stamp	26 SEP 2020 10:05
PC Open Date & Time	25 SEP 2020 12:00
PC Close Date & Time	26 SEP 2020 11:59

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:23:04

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 ☒

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:23:04

Yes ☐	
PC Time stamp	27 SEP 2020 11:07
PC Open Date & Time	26 SEP 2020 12:00
PC Close Date & Time	27 SEP 2020 11:59

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:23:04

		Yes ☐
PC Time stamp		
PC Open Date & Time		27 SEP 2020 12:00
PC Close Date & Time		28 SEP 2020 11:59

US3432242

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

Was Contact Attempted?

Yes ☒

No ☐

Date of Contact or Contact Attempt (dd MMM yyyy)

28 SEP 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3432242

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:23:04

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3432242

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

Was Contact Attempted?

Yes ☒

No ☐

Date of Contact or Contact Attempt (dd MMM yyyy)

7 OCT 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3432242

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:23:04

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3432242

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

Was Contact Attempted?

Yes ☒

No ☐

Date of Contact or Contact Attempt (dd MMM yyyy)

13 OCT 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3432242

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:23:04

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3432242

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 09:23:04

Was this visit performed?	Yes ☒
	No ☐
Visit date (dd MMM yyyy)	23 OCT 2020
Was visit performed at the participant's home or at the clinic?	Home ☐
	Clinic ☒
Folder OID	VISIT3

US3432242

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

Were vital signs assessed?	Yes ☒
	No ☐
Date of assessment (<i>dd MMM yyyy</i>)	23 OCT 2020
Time of assessment (<i>00:00-23:59</i>)	08:06 (24 HR)
Vital Signs Date and Time (derived)	23 OCT 2020 08:06
Temperature (<i>xxx.x</i>)	97.1 F
Route of measurement	Oral ☐
	Axillary ☐
	Other ☒
If Other, specify	INFRA-RED
Pulse (<i>xxx</i>)	58 beats/min
Pulse units	BPM
Respiratory Rate (<i>xxx</i>)	14 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (<i>xxx</i>)	126 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (<i>xxx</i>)	065 mmHg
Diastolic Blood Pressure units	MMHG
Height (derived)	
Weight (derived)	

US3432242

Folder: Visit 3 Day 57 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 09:23:04

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.

US3432242

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:23:04

Was the sample collected?	Yes ☒
	No ☐
Collection date (<i>dd MMM yyyy</i>)	23 OCT 2020
Collection time (<i>00:00-23:59</i>)	08:33 (24 HR)
Collection date and time (derived)	23 OCT 2020 08:33

US3432242

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:23:04

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3432242

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐
Have 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):	
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 ☒
Please contact your study clinic immediately. Click below to confirm that you have read this 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	22 OCT 2020 11:34:36
Patient Cloud Open Date & Time	22 OCT 2020 00:01
Patient Cloud Close Date & Time	26 OCT 2020 23:59

US3432242

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

29 OCT 2020 23:00:51

Patient Cloud Open Date & Time

29 OCT 2020 00:01

Patient Cloud Close Date & Time

02 NOV 2020 23:59

US3432242

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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	05 NOV 2020 11:34:48
Patient Cloud Open Date & Time	05 NOV 2020 00:01
Patient Cloud Close Date & Time	09 NOV 2020 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

23 OCT 2020 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

30 OCT 2020 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

06 NOV 2020 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

13 NOV 2020 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Date and time of submission	19 NOV 2020 22:03:04
Patient Cloud Open Date & Time	16 NOV 2020 00:01
Patient Cloud Close Date & Time	20 NOV 2020 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

27 NOV 2020 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 contact your study clinic immediately. Click below to confirm that you have read this message and 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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

04 DEC 2020 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

11 DEC 2020 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

18 DEC 2020 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

25 DEC 2020 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

01 JAN 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

08 JAN 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

15 JAN 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

22 JAN 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

29 JAN 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

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05 FEB 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

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08 FEB 2021 00:01

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12 FEB 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

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15 FEB 2021 00:01

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19 FEB 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

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26 FEB 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

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05 MAR 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

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12 MAR 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

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19 MAR 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

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26 MAR 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

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02 APR 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

09 APR 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

16 APR 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

23 APR 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

30 APR 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

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07 MAY 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

14 MAY 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

21 MAY 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

28 MAY 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

04 JUN 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

11 JUN 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

18 JUN 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

25 JUN 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

02 JUL 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

09 JUL 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

16 JUL 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

23 JUL 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

30 JUL 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

06 AUG 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

13 AUG 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

20 AUG 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

27 AUG 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

03 SEP 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

10 SEP 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

17 SEP 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

24 SEP 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

01 OCT 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

08 OCT 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

15 OCT 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

22 OCT 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

29 OCT 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

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01 NOV 2021 00:01

[Patient Cloud Close Date & Time](#)

05 NOV 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

12 NOV 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

19 NOV 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

26 NOV 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

03 DEC 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

10 DEC 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

17 DEC 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

24 DEC 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

31 DEC 2021 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

07 JAN 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

14 JAN 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

21 JAN 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

28 JAN 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

04 FEB 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

11 FEB 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

18 FEB 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

25 FEB 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

04 MAR 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

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11 MAR 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

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18 MAR 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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°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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

25 MAR 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

01 APR 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

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08 APR 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

15 APR 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

22 APR 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

29 APR 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

06 MAY 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

13 MAY 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

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20 MAY 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

27 MAY 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

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03 JUN 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

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06 JUN 2022 00:01

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10 JUN 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

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US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

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24 JUN 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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°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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

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27 JUN 2022 00:01

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01 JUL 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

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08 JUL 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

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15 JUL 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

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22 JUL 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

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29 JUL 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

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05 AUG 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

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12 AUG 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

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19 AUG 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

26 AUG 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

02 SEP 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

09 SEP 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

16 SEP 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

23 SEP 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

30 SEP 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

07 OCT 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

14 OCT 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

21 OCT 2022 23:59

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

[Patient Cloud Close Date & Time](#)

28 OCT 2022 23:59

US3432242

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

Was Contact Attempted?

Yes ☒

No ☐

Date of Contact or Contact Attempt (dd MMM yyyy)

13 NOV 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3432242

Folder: Safety Call Day 85 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:23:04

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3432242

Folder: Safety Call Day 119 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

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

US3432242

Folder: Safety Call Day 119 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:23:04

Is the participant continuing to the next visit?

Yes ☐

No ☐

Continuing Flag

US3432242

Folder: Covid-19 Assessment 31 Oct 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: Covid-19 Assessment 31 Oct 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 09:23:04

Generate Next COVID-19 Assessment

Yes ☐

No ☐

US3432242

Folder: Adverse Events

Form: Adverse Events Summary

Generated On: 26 Nov 2020 09:23:04

Did the participant experience any adverse events?

Yes ☒

No ☐

If Yes, enter details on the Adverse Events form.

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

AEID	USA-US078-2020-MRNA-1273-P30 1000006
Adverse event	CLL - CHRONIC LYMPHOCYTIC LEUKEMIA
Was this a medically-attended AE?	Yes ☒ No ☐
Was this a Solicited Adverse Reaction?	Yes ☐ No ☒
Is this event a confirmed diagnosis of Symptomatic Covid-19?	Yes ☐ No ☒
Start date (dd MMM yyyy)	8 OCT 2020
Start time (00:00-23:59)	
AE start date and time (derived)	
Ongoing?	Yes ☒ No ☐
If not Ongoing, end date (dd MMM yyyy)	
End time (00:00-23:59)	
AE End Date and Time (derived)	
Severity	Grade 1/Mild ☐ Grade 2/Moderate ☒ Grade 3/Severe ☐ Grade 4 ☐
Is the adverse event serious?	Yes ☒ No ☐
AE is serious due To (check all that apply)	
Death	False
Life threatening	False
Requires inpatient or prolongation of existing Hospitalization	False
Hospital Admission Date (dd MMM yyyy)	
Hospital Discharge Date (dd MMM yyyy)	
Admitted to ICU?	Yes ☐ No ☐ Unknown ☐
Number of Days in ICU	

v6.020 DTW (1102)

339 of 1622

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

Persistent or significant disability or incapacity	False
Congenital anomaly or birth defect	False
Other medically important event	True
Relationship to investigational product	Not Related ☒ Related ☐ Not Applicable ☐
Relationship to Study Procedure	Not Related ☒ Related ☐ Not Applicable ☐
Action taken with investigational product	None ☐ Dose Delayed ☐ Investigational Product ☐ Withdrawn ☐ Not Applicable ☒
Other action taken (check all that apply)	
None	True
Concomitant Medication	False
Concomitant Procedure	False
Outcome	Fatal ☐ Not Recovered/Not Resolved ☒ Recovered/Resolved ☐ Recovered/Resolved with Sequelae ☐ Recovering/Resolving ☐ Unknown ☐
If outcome is Recovered/Resolved with Sequelae, please specify the sequelae:	
Narrative	

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

ROUTINE CBC DONE ON SEPT 28TH IN PREPARATION FOR REGULAR PCP APPOINTMENT SHOWED LYMPHOCYTOSIS BLOOD COUNT REPEATED ON 08OCT2020 WITH FLOW CYTOMETRY CONFIRMING CLL. HAS A PLANNED APPOINTMENT ON 11/11 WITH HEMATOLOGIST. 30OCT2020: WBC: 28SEP2020 17.6 X 10*3 / UL; 08OCT2020 21.3 X 10*3 / UL WAITING FOR PARTICIPANT TO SEND FLOW CYTOMETRY RESULTS	
Serious Adverse Event Derived (CSA Programming Field Only)	1
Medically Attended AE Derived (CSA Programming Field Only)	1
Admitted to ICU Derived (CSA Programming Field Only)	

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination Summary

Generated On: 26 Nov 2020 09:23:04

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

Yes ☒

No ☐

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

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:23:04

Name of Medication	ATORVASTATIN
Prophylaxis	Yes ☐ No ☒
Indication	HYPERCHOLESTEROLEMIA
Dose per administration	10
Dose unit	mg ☒ ug ☐ mL ☐ g ☐ IU ☐ tablet ☐ capsule ☐ puff ☐ Other ☐
If dose unit is Other, specify _____	
Frequency	once daily ☒ twice daily ☐ three times daily ☐ four times daily ☐ every other day ☐ every week ☐ every month ☐ as needed ☐ once ☐ unknown ☐ other ☐
If frequency is Other, specify _____	
Route of administration	Oral ☒ Topical ☐ Subcutaneous ☐ Transdermal ☐ Intraocular ☐ Intramuscular ☐

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:23:04

	Respiratory (Inhalation)	☐
	Intralesional	☐
	Intraperitoneal	☐
	Nasal	☐
	Vaginal	☐
	Rectal	☐
	Intravenous	☐
	Intravenous Bolus	☐
	Intravenous Drip	☐
	Other	☐
If route of administration is Other, specify		
Start date (dd MMM yyyy)	UN	UNK 2014
Start date completely unknown	False	
Ongoing?	Yes	☒
	No	☐
If not Ongoing, End date (dd MMM yyyy)		
Was this medication taken for solicited event?	Yes	☐
	No	☒
Separate Dosage Number (derived)	1	
Interval Dosage Unit Number (derived)	1	
Interval Dosage Definition (derived)	802	☐
	803	☐
	804	☒

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:23:04

Name of Medication	FLUOXETINE
Prophylaxis	Yes ☐ No ☒
Indication	ANXIETY
Dose per administration	10
Dose unit	mg ☒ ug ☐ mL ☐ g ☐ IU ☐ tablet ☐ capsule ☐ puff ☐ Other ☐
If dose unit is Other, specify _____	
Frequency	once daily ☒ twice daily ☐ three times daily ☐ four times daily ☐ every other day ☐ every week ☐ every month ☐ as needed ☐ once ☐ unknown ☐ other ☐
If frequency is Other, specify _____	
Route of administration	Oral ☒ Topical ☐ Subcutaneous ☐ Transdermal ☐ Intraocular ☐ Intramuscular ☐

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:23:04

	Respiratory (Inhalation)	☐
	Intralesional	☐
	Intraperitoneal	☐
	Nasal	☐
	Vaginal	☐
	Rectal	☐
	Intravenous	☐
	Intravenous Bolus	☐
	Intravenous Drip	☐
	Other	☐
If route of administration is Other, specify		
Start date (dd MMM yyyy)	UN UNK 2001	
Start date completely unknown	False	
Ongoing?	Yes ☒	No ☐
If not Ongoing, End date (dd MMM yyyy)		
Was this medication taken for solicited event?	Yes ☐	No ☒
Separate Dosage Number (derived)	1	
Interval Dosage Unit Number (derived)	1	
Interval Dosage Definition (derived)	802 ☐	803 ☐
	804 ☒	

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:23:04

Name of Medication	MELATONINE
Prophylaxis	Yes ☐ No ☒
Indication	INSOMNIA
Dose per administration	3
Dose unit	mg ☒ ug ☐ mL ☐ g ☐ IU ☐ tablet ☐ capsule ☐ puff ☐ Other ☐
If dose unit is Other, specify _____	
Frequency	once daily ☐ twice daily ☐ three times daily ☐ four times daily ☐ every other day ☐ every week ☐ every month ☐ as needed ☒ once ☐ unknown ☐ other ☐
If frequency is Other, specify _____	
Route of administration	Oral ☒ Topical ☐ Subcutaneous ☐ Transdermal ☐ Intraocular ☐ Intramuscular ☐

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:23:04

	Respiratory (Inhalation)	☐
	Intralesional	☐
	Intraperitoneal	☐
	Nasal	☐
	Vaginal	☐
	Rectal	☐
	Intravenous	☐
	Intravenous Bolus	☐
	Intravenous Drip	☐
	Other	☐
If route of administration is Other, specify		
Start date (dd MMM yyyy)		UN JUL 2020
Start date completely unknown		False
Ongoing?	Yes	☒
	No	☐
If not Ongoing, End date (dd MMM yyyy)		
Was this medication taken for solicited event?	Yes	☐
	No	☒
Separate Dosage Number (derived)		
Interval Dosage Unit Number (derived)		
Interval Dosage Definition (derived)	802	☐
	803	☐
	804	☐

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:23:04

Name of Medication	TYLENOL
Prophylaxis	Yes ☐ No ☒
Indication	FEVER
Dose per administration	500
Dose unit	mg ☒ ug ☐ mL ☐ g ☐ IU ☐ tablet ☐ capsule ☐ puff ☐ Other ☐
If dose unit is Other, specify	
Frequency	once daily ☐ twice daily ☐ three times daily ☐ four times daily ☐ every other day ☐ every week ☐ every month ☐ as needed ☐ once ☒ unknown ☐ other ☐
If frequency is Other, specify	
Route of administration	Oral ☒ Topical ☐ Subcutaneous ☐ Transdermal ☐ Intraocular ☐ Intramuscular ☐

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:23:04

	Respiratory (Inhalation)	☐
	Intralesional	☐
	Intraperitoneal	☐
	Nasal	☐
	Vaginal	☐
	Rectal	☐
	Intravenous	☐
	Intravenous Bolus	☐
	Intravenous Drip	☐
	Other	☐
If route of administration is Other, specify		
Start date (dd MMM yyyy)		21 SEP 2020
Start date completely unknown		False
Ongoing?	Yes	☐
	No	☒
If not Ongoing, End date (dd MMM yyyy)		21 SEP 2020
Was this medication taken for solicited event?	Yes	☒
	No	☐
Separate Dosage Number (derived)		
Interval Dosage Unit Number (derived)		
Interval Dosage Definition (derived)	802	☐
	803	☐
	804	☐

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:23:04

Name of Medication	INFLUENZA VACCINE
Prophylaxis	Yes ☒ No ☐
Indication	INFLUENZA PROPHYLAXIS
Dose per administration	1
Dose unit	mg ☐ ug ☐ mL ☐ g ☐ IU ☐ tablet ☐ capsule ☐ puff ☐ Other ☒
If dose unit is Other, specify	VACCINATION
Frequency	once daily ☐ twice daily ☐ three times daily ☐ four times daily ☐ every other day ☐ every week ☐ every month ☐ as needed ☐ once ☒ unknown ☐ other ☐
If frequency is Other, specify	
Route of administration	Oral ☐ Topical ☐ Subcutaneous ☐ Transdermal ☐ Intraocular ☐ Intramuscular ☒

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:23:04

	Respiratory (Inhalation)	☐
	Intralesional	☐
	Intraperitoneal	☐
	Nasal	☐
	Vaginal	☐
	Rectal	☐
	Intravenous	☐
	Intravenous Bolus	☐
	Intravenous Drip	☐
	Other	☐
If route of administration is Other, specify		
Start date (dd MMM yyyy)		8 OCT 2020
Start date completely unknown		False
Ongoing?	Yes	☐
	No	☒
If not Ongoing, End date (dd MMM yyyy)		08 OCT 2020
Was this medication taken for solicited event?	Yes	☐
	No	☒
Separate Dosage Number (derived)		
Interval Dosage Unit Number (derived)		
Interval Dosage Definition (derived)	802	☐
	803	☐
	804	☐

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:23:04

Name of Medication	SHINGRIX VACCINATION
Prophylaxis	Yes ☒ No ☐
Indication	PROPHYLAXIS
Dose per administration	1
Dose unit	mg ☐ ug ☐ mL ☐ g ☐ IU ☐ tablet ☐ capsule ☐ puff ☐ Other ☒
If dose unit is Other, specify	INJECTION
Frequency	once daily ☐ twice daily ☐ three times daily ☐ four times daily ☐ every other day ☐ every week ☐ every month ☐ as needed ☐ once ☒ unknown ☐ other ☐
If frequency is Other, specify	
Route of administration	Oral ☐ Topical ☐ Subcutaneous ☐ Transdermal ☐ Intraocular ☐ Intramuscular ☒

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:23:04

	Respiratory (Inhalation)	☐
	Intralesional	☐
	Intraperitoneal	☐
	Nasal	☐
	Vaginal	☐
	Rectal	☐
	Intravenous	☐
	Intravenous Bolus	☐
	Intravenous Drip	☐
	Other	☐
If route of administration is Other, specify		
Start date (dd MMM yyyy)		8 NOV 2020
Start date completely unknown		False
Ongoing?	Yes	☐
	No	☒
If not Ongoing, End date (dd MMM yyyy)		8 NOV 2020
Was this medication taken for solicited event?	Yes	☐
	No	☒
Separate Dosage Number (derived)		
Interval Dosage Unit Number (derived)		
Interval Dosage Definition (derived)	802	☐
	803	☐
	804	☐

US3432242

Folder: Concomitant Procedures (1)

Form: Concomitant Procedures Summary

Generated On: 26 Nov 2020 09:23:04

Were any concomitant procedures performed?

Yes ☐

No ☐

If yes, please complete Concomitant Procedures form.

US3432242

Folder: End of Study (1)

Form: Dosing Discontinuation

Generated On: 26 Nov 2020 09:23:04

Date of dosing discontinuation (dd MMM yyyy)

Primary reason for dosing discontinuation

AE (specify) ☐

SAE (specify) ☐

Death ☐

Lost To Follow-up ☐

Physician decision (specify) ☐

Pregnancy ☐

Protocol deviation (specify) ☐

Study Terminated By Sponsor ☐

Withdrawal of consent by
participant (specify) ☐

Due to SARS-COV-2 ☐

Other ☐

If reason is AE, SAE, Physician Decision, Withdrawal of consent
by participant, Protocol deviation, or Other, specify

US3432242

Folder: End of Study (1)

Form: End of Study / Study Discontinuation

Generated On: 26 Nov 2020 09:23:04

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 ☐

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

SAEID	USA-US078-2020-MRNA-1273-P301000006
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	LINDSEY
Investigator's Last Name	BADEN
Site Address: Street	
Site Address: City	
Site Address: State	MA
Site Address: Postal Code	
Investigator Country	US
E2B Transmit Flag (Derived/Hidden)	2

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form (1)

Generated On: 26 Nov 2020 09:23:04

SAEID	USA-US078-2020-MRNA-1273-P301000006
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	LINDSEY
Investigator's Last Name	BADEN
Site Address: Street	
Site Address: City	
Site Address: State	MA
Site Address: Postal Code	
Investigator Country	US
E2B Transmit Flag (Derived/Hidden)	2
Date of submission (Pre-filled from custom function)	19/OCT/2020 12:21
Check box to submit initial and significant follow-up concerning this SAE. By checking this box I hereby confirm all relevant data has been entered and reviewed to the best of my knowledge.	True

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form (2)

Generated On: 26 Nov 2020 09:23:04

SAEID	USA-US078-2020-MRNA-1273-P301000006
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	LINDSEY
Investigator's Last Name	BADEN
Site Address: Street	
Site Address: City	
Site Address: State	MA
Site Address: Postal Code	
Investigator Country	US
E2B Transmit Flag (Derived/Hidden)	2
Date of submission (Pre-filled from custom function)	02/NOV/2020 13:56
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

US3432242 (Prod: Brigham and Womens Hospital)

US3432242

Form: Participant Creation

Generated On: 26 Nov 2020 09:23:04

[Participant ID](#)

Audit	User	Time (GMT)
User entered 'US3432242'	RWS_ENDPOINT ENDPOINT (b) (4) 	22 Aug 2020 12:44:16

US3432242

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 09:23:04

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Phoebe Cunningham (b) (4)	22 Aug 2020 13:29:05

US3432242

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '22 AUG 2020'	RWS_ENDPOINT ENDPOINT (b) (4) [REDACTED]	22 Aug 2020 12:44:17

US3432242

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	Phoebe Cunningham (b) (4)	22 Aug 2020 13:29:05

US3432242

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 09:23:04

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'SCRN'	System	22 Aug 2020 13:29:05

US3432242

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered (b) (6) 1950'	RWS_ENDPOINT ENDPOINT (b) (4) [REDACTED]	22 Aug 2020 12:44:18

US3432242

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:23:04

[Age](#)

Audit	User	Time (GMT)
User entered '70'	Phoebe Cunningham	22 Aug 2020 16:04:37
	(b) (4)	

US3432242

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:23:04

[Age Units](#)

Audit	User	Time (GMT)
User entered 'YEARS'	System	22 Aug 2020 16:04:37

US3432242

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:23:04

[Age \(Derived\)](#)

Audit	User	Time (GMT)
User entered '70'	System	22 Aug 2020 13:29:22

US3432242

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:23:04

Sex

Audit	User	Time (GMT)
User entered 'Male (M)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:37

US3432242

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:23:04

[Ethnicity](#)

Audit	User	Time (GMT)
User entered 'Not Hispanic or Latino (NOT HISPANIC OR LATINO)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:37

US3432242

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:23:04

White

Audit	User	Time (GMT)
User entered '1'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:37

US3432242

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:23:04

[Black](#)

Audit	User	Time (GMT)
User entered '0'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:37

US3432242

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:23:04

[Asian](#)

Audit	User	Time (GMT)
User entered '0'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:37

US3432242

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:23:04

[American Indian or Alaska Native](#)

Audit	User	Time (GMT)
User entered '0'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:37

US3432242

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:23:04

[Native Hawaiian or other Pacific Islander](#)

Audit	User	Time (GMT)
User entered '0'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:37

US3432242

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:23:04

[Other](#)

Audit	User	Time (GMT)
User entered '0'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:37

US3432242

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:23:04

[If race is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:37

US3432242

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:23:04

Unknown

Audit	User	Time (GMT)
User entered '0'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:37

US3432242

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:23:04

[Not reported](#)

Audit	User	Time (GMT)
User entered '0'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:37

US3432242

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 09:23:04

[Date of Informed Consent \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered '22 Aug 2020'	Phoebe Cunningham (b) (4)	22 Aug 2020 13:29:22

US3432242

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'Aug 2020'	System	22 Aug 2020 13:29:22

US3432242

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '2020'	System	22 Aug 2020 13:29:22

US3432242

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 09:23:04

[Protocol Version](#)

Audit	User	Time (GMT)
User entered 'Amendment 2 (2)'	Phoebe Cunningham (b) (4)	22 Aug 2020 13:29:22

US3432242

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Phoebe Cunningham (b) (4)	22 Aug 2020 13:29:22

US3432242

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 09:23:04

[If No, indicate reason for screen fail](#)

Audit	User	Time (GMT)
User entered empty.	Phoebe Cunningham (b) (4)	22 Aug 2020 13:29:22

US3432242

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 09:23:04

If reason for screen fail is Other, specify

Audit	User	Time (GMT)
User entered empty.	Phoebe Cunningham (b) (4)	22 Aug 2020 13:29:22

US3432242

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 09:23:04

[Was this participant screened previously?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Phoebe Cunningham (b) (4)	22 Aug 2020 13:29:22

US3432242

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 09:23:04

[If Yes, previous participant number](#)

Audit	User	Time (GMT)
User entered empty.	RWS_ENDPOINT ENDPOINT (b) (4) [REDACTED]	22 Aug 2020 12:44:17

US3432242

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 09:23:04

[Enrollment Trigger](#)

Audit	User	Time (GMT)
User entered '1'	System	22 Aug 2020 13:29:28

US3432242

Folder: Screening

Form: Inclusion/Exclusion Criteria Summary

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Phoebe Cunningham (b) (4)	22 Aug 2020 13:29:28

US3432242

Folder: Screening

Form: Medical History Summary

Generated On: 26 Nov 2020 09:23:04

[Were any significant conditions reported?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:00:15

US3432242

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 09:23:04

[Condition](#)

Audit	User	Time (GMT)
User coded data point as SOC: Metabolism and nutrition disorders, HLGT: Lipid metabolism disorders, HLT: Elevated cholesterol, PT: Hypercholesterolaemia, LLT: Hypercholesterolemia - version MedDRA\\23.0.	Coder Import (b) (4)	22 Aug 2020 16:02:12
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4)	22 Aug 2020 16:02:12
Data point term sent to Coder	System	22 Aug 2020 16:01:53
User entered 'Hypercholesterolemia'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:01:20

US3432242

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'un UNK 2014'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:01:20

US3432242

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 09:23:04

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:01:20

US3432242

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 09:23:04

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:01:20

US3432242

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered empty.	Phoebe Cunningham (b) (4)	22 Aug 2020 16:01:20

US3432242

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 09:23:04

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:01:20

US3432242

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'Jan 2014'	System	22 Aug 2020 16:01:20

US3432242

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '2014'	System	22 Aug 2020 16:01:20

US3432242

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered empty.	System	22 Aug 2020 16:01:20

US3432242

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered empty.	System	22 Aug 2020 16:01:20

US3432242

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 09:23:04

[Condition](#)

Audit	User	Time (GMT)
User coded data point as SOC: Psychiatric disorders, HLGT: Anxiety disorders and symptoms, HLT: Anxiety symptoms, PT: Anxiety, LLT: Anxiety - version MedDRA\\23.0.	Coder Import (b) (4)	22 Aug 2020 16:02:11
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4)	22 Aug 2020 16:02:11
Data point term sent to Coder	System	22 Aug 2020 16:01:52
User entered 'Anxiety'	Phoebe Cunningham	22 Aug 2020 16:01:38
	(b) (4)	

US3432242

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'un UNK 2001'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:01:38

US3432242

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 09:23:04

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:01:38

US3432242

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 09:23:04

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:01:38

US3432242

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered empty.	Phoebe Cunningham (b) (4)	22 Aug 2020 16:01:38

US3432242

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 09:23:04

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:01:38

US3432242

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'Jan 2001'	System	22 Aug 2020 16:01:38

US3432242

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '2001'	System	22 Aug 2020 16:01:38

US3432242

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered empty.	System	22 Aug 2020 16:01:38

US3432242

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered empty.	System	22 Aug 2020 16:01:38

US3432242

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 09:23:04

[Condition](#)

Audit	User	Time (GMT)
User coded data point as SOC: Psychiatric disorders, HLGT: Sleep disorders and disturbances, HLT: Disturbances in initiating and maintaining sleep, PT: Insomnia, LLT: Insomnia - version MedDRA\\23.0.	Coder Import (b) (4)	22 Aug 2020 16:04:13
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4)	22 Aug 2020 16:04:13
Data point term sent to Coder	System	22 Aug 2020 16:02:53
User entered 'Insomnia'	Phoebe Cunningham	22 Aug 2020 16:01:59
	(b) (4)	

US3432242

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'un Jul 2020'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:01:59

US3432242

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 09:23:04

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:01:59

US3432242

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 09:23:04

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:01:59

US3432242

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered empty.	Phoebe Cunningham (b) (4)	22 Aug 2020 16:01:59

US3432242

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 09:23:04

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:01:59

US3432242

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'Jul 2020'	System	22 Aug 2020 16:01:59

US3432242

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '2020'	System	22 Aug 2020 16:01:59

US3432242

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered empty.	System	22 Aug 2020 16:01:59

US3432242

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered empty.	System	22 Aug 2020 16:01:59

US3432242

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 09:23:04

[Condition](#)

Audit	User	Time (GMT)
User closed query 'Per DM CLR: Please note that there is no Con Med listed for treatment of this condition and treatment would be expected for this condition. Please review and if applicable add a Con Med or provide an explanation for no medical treatment.' (Site from DM).	(b) (4), (b) (6)	23 Nov 2020 07:59:49
Query 'Per DM CLR: Please note that there is no Con Med listed for treatment of this condition and treatment would be expected for this condition. Please review and if applicable add a Con Med or provide an explanation for no medical treatment.' answered with 'per ppt, no medication is taken. condition is ppt reported' (Site from DM).	Julia Klopfer (b) (4)	23 Oct 2020 12:20:11
User opened query 'Per DM CLR: Please note that there is no Con Med listed for treatment of this condition and treatment would be expected for this condition. Please review and if applicable add a Con Med or provide an explanation for no medical treatment.' (Site from DM).	(b) (4), (b) (6)	19 Oct 2020 17:23:57
User coded data point as SOC: Vascular disorders, HLG: Vascular hypertensive disorders, HLT: Vascular hypertensive disorders NEC, PT: Hypertension, LLT: Hypertension - version MedDRA\23.0.	Coder Import (b) (4)	21 Sep 2020 14:33:45
User coded data point as Term Coded data point by User: Coder System - version MedDRA\23.0.	Coder Import (b) (4)	21 Sep 2020 14:33:45
Data point term sent to Coder	System	21 Sep 2020 14:33:18
User entered 'Hypertension'	(b) (4), (b) (6)	21 Sep 2020 14:32:45

US3432242

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'un UNK 2019'	(b) (4), (b) (6)	21 Sep 2020 14:32:45

US3432242

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 09:23:04

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Sep 2020 14:32:45

US3432242

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 09:23:04

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Sep 2020 14:32:45

US3432242

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Sep 2020 14:32:45

US3432242

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 09:23:04

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	21 Sep 2020 14:32:45

US3432242

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'Jan 2019'	System	21 Sep 2020 14:32:45

US3432242

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '2019'	System	21 Sep 2020 14:32:45

US3432242

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered empty.	System	21 Sep 2020 14:32:45

US3432242

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered empty.	System	21 Sep 2020 14:32:45

US3432242

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:02:44

US3432242

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '22 Aug 2020'	Phoebe Cunningham	22 Aug 2020 16:02:44
	(b) (4)	

US3432242

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '08:45'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:02:44

US3432242

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '22 Aug 2020 08:45'	System	22 Aug 2020 16:02:44

US3432242

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '181' cm	Phoebe Cunningham	22 Aug 2020 16:02:44
	(b) (4)	
DataPoint set to visible.	System	22 Aug 2020 13:29:28

US3432242

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '71.6' kg	Phoebe Cunningham	22 Aug 2020 16:02:44
	(b) (4)	
DataPoint set to visible.	System	22 Aug 2020 13:29:28

US3432242

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

BMI (xxx.x)

Audit	User	Time (GMT)
Amendment Manager: User entered '21.85525'	System	17 Sep 2020 00:19:45
User entered '21.9'	System	22 Aug 2020 16:02:44
DataPoint set to visible.	System	22 Aug 2020 13:29:28

US3432242

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

[BMI units](#)

Audit	User	Time (GMT)
User entered 'kg/m2'	System	22 Aug 2020 16:02:44
DataPoint set to visible.	System	22 Aug 2020 13:29:28

US3432242

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

Temperature (xxx.x)

Audit	User	Time (GMT)
User closed query 'Data entered is non-conformant. Please correct.' (Site from System).	System	22 Aug 2020 16:03:34
User entered missing code ND - Not Done; reason for change Data Entry Error	Phoebe Cunningham (b) (4)	22 Aug 2020 16:03:34
User opened query 'Data entered is non-conformant. Please correct.' (Site from System).	System	22 Aug 2020 16:02:44
User entered 'N' (non-conformant).	Phoebe Cunningham (b) (4)	22 Aug 2020 16:02:44

US3432242

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

[Route of measurement](#)

Audit	User	Time (GMT)
User entered empty.	Phoebe Cunningham (b) (4)	22 Aug 2020 16:02:44

US3432242

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Phoebe Cunningham (b) (4)	22 Aug 2020 16:02:44

US3432242

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User closed query 'Data is required. Please provide.' (Site from System).	System	22 Aug 2020 16:03:34
Query 'Data is required. Please provide.' answered by data change (Site from System).	System	22 Aug 2020 16:03:34
User entered missing code ND - Not Done; reason for change Data Entry Error	Phoebe Cunningham (b) (4)	22 Aug 2020 16:03:34
User opened query 'Data is required. Please provide.' (Site from System).	System	22 Aug 2020 16:02:44
User entered empty.	Phoebe Cunningham (b) (4)	22 Aug 2020 16:02:44

US3432242

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	22 Aug 2020 16:03:34
User entered empty.	System	22 Aug 2020 16:02:44

US3432242

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User closed query 'Data is required. Please provide.' (Site from System).	System	22 Aug 2020 16:03:34
Query 'Data is required. Please provide.' answered by data change (Site from System).	System	22 Aug 2020 16:03:34
User entered missing code ND - Not Done; reason for change Data Entry Error	Phoebe Cunningham (b) (4)	22 Aug 2020 16:03:34
User opened query 'Data is required. Please provide.' (Site from System).	System	22 Aug 2020 16:02:44
User entered empty.	Phoebe Cunningham (b) (4)	22 Aug 2020 16:02:44

US3432242

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	22 Aug 2020 16:03:34
User entered empty.	System	22 Aug 2020 16:02:44

US3432242

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User closed query 'Data is required. Please provide.' (Site from System).	System	22 Aug 2020 16:03:34
Query 'Data is required. Please provide.' answered by data change (Site from System).	System	22 Aug 2020 16:03:34
User entered missing code ND - Not Done; reason for change Data Entry Error	Phoebe Cunningham (b) (4)	22 Aug 2020 16:03:34
User opened query 'Data is required. Please provide.' (Site from System).	System	22 Aug 2020 16:02:44
User entered empty.	Phoebe Cunningham (b) (4)	22 Aug 2020 16:02:44

US3432242

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	22 Aug 2020 16:03:34
User entered empty.	System	22 Aug 2020 16:02:44

US3432242

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User closed query 'Data is required. Please provide.' (Site from System).	System	22 Aug 2020 16:03:34
Query 'Data is required. Please provide.' answered by data change (Site from System).	System	22 Aug 2020 16:03:34
User entered missing code ND - Not Done; reason for change Data Entry Error	Phoebe Cunningham (b) (4)	22 Aug 2020 16:03:34
User opened query 'Data is required. Please provide.' (Site from System).	System	22 Aug 2020 16:02:44
User entered empty.	Phoebe Cunningham (b) (4)	22 Aug 2020 16:02:44

US3432242

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	22 Aug 2020 16:03:34
User entered empty.	System	22 Aug 2020 16:02:44

US3432242

Folder: Screening

Form: Physical Examination

Generated On: 26 Nov 2020 09:23:04

[Was the physical examination performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Phoebe Cunningham (b) (4)	22 Aug 2020 13:30:05

US3432242

Folder: Screening

Form: Physical Examination

Generated On: 26 Nov 2020 09:23:04

Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
User entered '22 Aug 2020'	Phoebe Cunningham (b) (4)	22 Aug 2020 13:30:05

US3432242

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:15

US3432242

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'No (N)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:15

US3432242

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:23:04

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)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:15

US3432242

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'No (N)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:15

US3432242

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'No (N)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:15

US3432242

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'No (N)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:15

US3432242

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:23:04

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)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:15

US3432242

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:23:04

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)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:15

US3432242

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'No (N)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:15

US3432242

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:23:04

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)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:15

US3432242

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:23:04

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)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:15

US3432242

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:23:04

[Other](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:15

US3432242

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:23:04

[Specify](#)

Audit	User	Time (GMT)
User entered empty.	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:15

US3432242

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:23:04

No Risk Identified

Audit	User	Time (GMT)
User entered '0'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:15

US3432242

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:23:04

Resides in Nursing Home or Assisted Living Facility

Audit	User	Time (GMT)
User entered '0'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:15

US3432242

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:23:04

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'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:15

US3432242

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '0'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:15

US3432242

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:23:04

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'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:15

US3432242

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '1'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:15

US3432242

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:23:04

[Other](#)

Audit	User	Time (GMT)
User entered '0'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:15

US3432242

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:23:04

[Specify](#)

Audit	User	Time (GMT)
User entered empty.	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:15

US3432242

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 09:23:04

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Phoebe Cunningham (b) (4)	22 Aug 2020 13:29:42

US3432242

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '22 Aug 2020'	Phoebe Cunningham (b) (4)	22 Aug 2020 13:29:42

US3432242

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	Phoebe Cunningham (b) (4)	22 Aug 2020 13:29:42

US3432242

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 09:23:04

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'VISIT1'	System	22 Aug 2020 13:29:42

US3432242

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '22 AUG 2020'	RWS_ENDPOINT ENDPOINT (b) (4) 	22 Aug 2020 12:59:12

US3432242

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 09:23:04

[What was the participant's randomization number?](#)

Audit	User	Time (GMT)
User entered '187775'	RWS_ENDPOINT ENDPOINT (b) (4) 	22 Aug 2020 12:59:12

US3432242

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '>=65 years (3)'	RWS_ENDPOINT ENDPOINT (b) (4) 	22 Aug 2020 12:59:12

US3432242

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 09:23:04

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)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:55

US3432242

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'No (N)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:55

US3432242

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'No (N)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:55

US3432242

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'No (N)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:55

US3432242

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 09:23:04

[Liver Disease](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:04:55

US3432242

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Sep 2020 14:32:51
Amendment Manager: DataPoint set to visible.	System	19 Sep 2020 10:39:05
Amendment Manager inserted this DataPoint.	System	19 Sep 2020 02:17:01

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 09:23:04

Height

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	Phoebe Cunningham	22 Aug 2020 16:37:45
	(b) (4)	

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 09:23:04

Weight

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	Phoebe Cunningham	22 Aug 2020 16:37:45
	(b) (4)	

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 09:23:04

Height

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	Phoebe Cunningham (b) (4)	22 Aug 2020 16:37:45

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 09:23:04

Weight

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	Phoebe Cunningham (b) (4)	22 Aug 2020 16:37:45

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:23:04

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Pre-Dose (PREDOSE)'	Phoebe Cunningham	22 Aug 2020 16:37:45
	(b) (4)	

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:23:04

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:37:45

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:23:04

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '22 Aug 2020'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:37:45

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '8:45'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:37:45

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '22 Aug 2020 8:45'	System	22 Aug 2020 16:37:45

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:23:04

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '37' C	Phoebe Cunningham	22 Aug 2020 16:37:45
	(b) (4)	

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:23:04

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	Phoebe Cunningham	22 Aug 2020 16:37:45
	(b) (4)	

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:23:04

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Phoebe Cunningham (b) (4)	22 Aug 2020 16:37:45

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:23:04

Pulse (xxx)

Audit	User	Time (GMT)
User entered '59'	Phoebe Cunningham	22 Aug 2020 16:37:45
	(b) (4)	

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:23:04

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	22 Aug 2020 16:37:45

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '16'	Phoebe Cunningham	22 Aug 2020 16:37:45
	(b) (4)	

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:23:04

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	22 Aug 2020 16:37:45

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:23:04

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '149'	Phoebe Cunningham	22 Aug 2020 16:37:45
	(b) (4)	

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:23:04

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	22 Aug 2020 16:37:45

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:23:04

[Diastolic Blood Pressure \(xxx\)](#)

Audit	User	Time (GMT)
User entered '72'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:37:45

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:23:04

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	22 Aug 2020 16:37:45

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 09:23:04

Height

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	Phoebe Cunningham	22 Aug 2020 16:37:45
	(b) (4)	

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 09:23:04

Weight

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	Phoebe Cunningham (b) (4)	22 Aug 2020 16:37:45

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:23:04

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Post-Dose (POSTDOSE)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:37:45

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:23:04

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:37:45

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:23:04

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '22 Aug 2020'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:37:45

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '10:07'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:37:45

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '22 Aug 2020 10:07'	System	22 Aug 2020 16:37:45

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:23:04

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '36.8' C	Phoebe Cunningham (b) (4)	22 Aug 2020 16:37:45

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:23:04

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:37:45

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:23:04

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Phoebe Cunningham (b) (4)	22 Aug 2020 16:37:45

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:23:04

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '51'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:37:45

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:23:04

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	22 Aug 2020 16:37:45

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '16'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:37:45

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:23:04

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	22 Aug 2020 16:37:45

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:23:04

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User closed query 'Systolic Blood Pressure reported is out of range < 80 or > 155 per protocol considered grade 3. Please indicate if CS/NCS and report as AE, if appropriate.' (Site from System).	(b) (4), (b) (6)	24 Aug 2020 10:34:24
Query 'Systolic Blood Pressure reported is out of range < 80 or > 155 per protocol considered grade 3. Please indicate if CS/NCS and report as AE, if appropriate.' answered with 'Pre-dose pressure 149 - not significant increase' (Site from System).	Phoebe Cunningham (b) (4)	22 Aug 2020 17:23:33
User opened query 'Systolic Blood Pressure reported is out of range < 80 or > 155 per protocol considered grade 3. Please indicate if CS/NCS and report as AE, if appropriate.' (Site from System).	System	22 Aug 2020 16:37:45
User entered '156'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:37:45

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:23:04

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	22 Aug 2020 16:37:45

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:23:04

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '75'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:37:45

US3432242

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:23:04

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	22 Aug 2020 16:37:45

US3432242

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 09:23:04

[Was the physical examination performed?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Phoebe Cunningham (b) (4)	22 Aug 2020 13:29:48

US3432242

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 09:23:04

Date of examination (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	Phoebe Cunningham (b) (4)	22 Aug 2020 13:29:48

US3432242

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 09:23:04

[Was study treatment given?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Phoebe Cunningham (b) (4)	22 Aug 2020 13:43:33

US3432242

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 09:23:04

[If No, reason not given](#)

Audit	User	Time (GMT)
User entered empty.	Phoebe Cunningham	22 Aug 2020 13:43:33
	(b) (4)	

US3432242

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered empty.	Phoebe Cunningham (b) (4)	22 Aug 2020 13:43:33

US3432242

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 09:23:04

[What was the study treatment?](#)

Audit	User	Time (GMT)
User entered 'MRNA-1273 OR PLACEBO'	System	22 Aug 2020 13:43:33

US3432242

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 09:23:04

What was the treatment date? (dd MMM yyyy)

Audit	User	Time (GMT)
User entered '22 Aug 2020'	Phoebe Cunningham (b) (4)	22 Aug 2020 13:43:33

US3432242

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '9:32'	Phoebe Cunningham (b) (4)	22 Aug 2020 13:43:33

US3432242

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '22 Aug 2020 9:32'	System	22 Aug 2020 13:43:33

US3432242

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'Left Arm (LEFT ARM)'	Phoebe Cunningham	22 Aug 2020 13:43:33
	(b) (4)	

US3432242

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'ONCE'	System	22 Aug 2020 13:43:33

US3432242

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'INTRAMUSCULAR'	System	22 Aug 2020 13:43:33

US3432242

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:23:04

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:10:39

US3432242

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:23:04

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '22 Aug 2020'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:10:39

US3432242

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '9:10'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:10:39

US3432242

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '22 Aug 2020 9:10'	System	22 Aug 2020 16:10:39

US3432242

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 09:23:04

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '22 Aug 2020'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:10:53

US3432242

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 09:23:04

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 1 (NASAL1)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:10:53

US3432242

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 09:23:04

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:10:53

US3432242

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '09:16'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:10:53

US3432242

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '22 Aug 2020 09:16'	System	22 Aug 2020 16:10:53

US3432242

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 09:23:04

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 2 (NASAL2)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:10:53

US3432242

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 09:23:04

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:10:53

US3432242

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered empty.	Phoebe Cunningham (b) (4)	22 Aug 2020 16:10:53

US3432242

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered empty.	System	22 Aug 2020 16:10:53

US3432242

Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:10:59

US3432242

Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 09:23:04

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	22 Aug 2020 16:10:59

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	22 Aug 2020 13:43:33
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-22T10:16:54', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '8a9a606a-a37e-4d90-b4cd-1dee46d45a9b'	System	22 Aug 2020 14:17:29
User entered 'Yes (Y)'	System	22 Aug 2020 14:17:29

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-22T10:17:04', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '8a9a606a-a37e-4d90-b4cd-1dee46d45a9b'	System	22 Aug 2020 14:17:29
User entered '98.3'	System	22 Aug 2020 14:17:29

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-22T10:17:15', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '8a9a606a-a37e-4d90-b4cd-1dee46d45a9b'	System	22 Aug 2020 14:17:29
User entered 'No (N)'	System	22 Aug 2020 14:17:29

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-22T10:17:25', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '8a9a606a-a37e-4d90-b4cd-1dee46d45a9b'	System	22 Aug 2020 14:17:29
User entered '22 Aug 2020 10:17'	System	22 Aug 2020 14:17:29

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '22 Aug 2020 09:52'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '22 Aug 2020 12:22'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	22 Aug 2020 13:43:33
User entered 'Day 1, after vaccination (at home)'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-23T10:05:15', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '8d9d2db4-7d6a-4d05-8bbb-a54409ba8332'	System	23 Aug 2020 14:05:34
User entered 'Yes (Y)'	System	23 Aug 2020 14:05:34

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-23T10:05:23', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '8d9d2db4-7d6a-4d05-8bbb-a54409ba8332'	System	23 Aug 2020 14:05:34
User entered '97.4'	System	23 Aug 2020 14:05:34

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-23T10:05:27', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '8d9d2db4-7d6a-4d05-8bbb-a54409ba8332'	System	23 Aug 2020 14:05:34
User entered 'No (N)'	System	23 Aug 2020 14:05:34

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-23T10:05:32', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '8d9d2db4-7d6a-4d05-8bbb-a54409ba8332'	System	23 Aug 2020 14:05:34
User entered '23 Aug 2020 10:05'	System	23 Aug 2020 14:05:34

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '22 Aug 2020 13:17'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '23 Aug 2020 11:59'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	22 Aug 2020 13:43:33
User entered 'Day 2'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 09:23:04

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-24T07:33:02', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '5cffa681-42f9-4a14-9d94-a46459fcfac2'	System	24 Aug 2020 11:33:18
User entered 'Yes (Y)'	System	24 Aug 2020 11:33:18

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 09:23:04

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-24T07:33:08', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '5cffa681-42f9-4a14-9d94-a46459fcfac2'	System	24 Aug 2020 11:33:18
User entered '97.5'	System	24 Aug 2020 11:33:18

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-24T07:33:12', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '5cffa681-42f9-4a14-9d94-a46459fcfac2'	System	24 Aug 2020 11:33:18
User entered 'No (N)'	System	24 Aug 2020 11:33:18

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 09:23:04

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-24T07:33:17', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '5cffa681-42f9-4a14-9d94-a46459fcfac2'	System	24 Aug 2020 11:33:18
User entered '24 Aug 2020 07:33'	System	24 Aug 2020 11:33:18

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '23 Aug 2020 12:00'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '24 Aug 2020 11:59'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	22 Aug 2020 13:43:33
User entered 'Day 3'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 09:23:04

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-25T08:18:04', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '9573ebe3-e07f-467c-a7d2-660ba59955e4'	System	25 Aug 2020 12:18:18
User entered 'Yes (Y)'	System	25 Aug 2020 12:18:18

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 09:23:04

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-25T08:18:09', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '9573ebe3-e07f-467c-a7d2-660ba59955e4' User entered '97.3'	System	25 Aug 2020 12:18:18
	System	25 Aug 2020 12:18:18

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-25T08:18:13', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '9573ebe3-e07f-467c-a7d2-660ba59955e4'	System	25 Aug 2020 12:18:18
User entered 'No (N)'	System	25 Aug 2020 12:18:18

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 09:23:04

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-25T08:18:17', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '9573ebe3-e07f-467c-a7d2-660ba59955e4'	System	25 Aug 2020 12:18:18
User entered '25 Aug 2020 08:18'	System	25 Aug 2020 12:18:18

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '24 Aug 2020 12:00'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '25 Aug 2020 11:59'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	22 Aug 2020 13:43:33
User entered 'Day 4'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 09:23:04

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-26T08:07:06', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'ce5edae7-4e16-497e-95e2-0af2e6160d3c'	System	26 Aug 2020 12:07:22
User entered 'Yes (Y)'	System	26 Aug 2020 12:07:22

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 09:23:04

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-26T08:07:13', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'ce5edae7-4e16-497e-95e2-0af2e6160d3c'	System	26 Aug 2020 12:07:22
User entered '97.2'	System	26 Aug 2020 12:07:22

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-26T08:07:16', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'ce5edae7-4e16-497e-95e2-0af2e6160d3c'	System	26 Aug 2020 12:07:22
User entered 'No (N)'	System	26 Aug 2020 12:07:22

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 09:23:04

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-26T08:07:20', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'ce5edae7-4e16-497e-95e2-0af2e6160d3c'	System	26 Aug 2020 12:07:22
User entered '26 Aug 2020 08:07'	System	26 Aug 2020 12:07:22

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '25 Aug 2020 12:00'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '26 Aug 2020 11:59'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	22 Aug 2020 13:43:33
User entered 'Day 5'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 09:23:04

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-27T08:23:38', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '2e65aded-2bc6-4c9a-9851-0a6437007240'	System	27 Aug 2020 12:23:57
User entered 'Yes (Y)'	System	27 Aug 2020 12:23:57

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 09:23:04

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-27T08:23:44', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '2e65aded-2bc6-4c9a-9851-0a6437007240'	System	27 Aug 2020 12:23:57
User entered '97.2'	System	27 Aug 2020 12:23:57

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-27T08:23:47', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '2e65aded-2bc6-4c9a-9851-0a6437007240'	System	27 Aug 2020 12:23:57
User entered 'No (N)'	System	27 Aug 2020 12:23:57

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 09:23:04

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-27T08:23:53', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '2e65aded-2bc6-4c9a-9851-0a6437007240'	System	27 Aug 2020 12:23:57
User entered '27 Aug 2020 08:23'	System	27 Aug 2020 12:23:57

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '26 Aug 2020 12:00'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '27 Aug 2020 11:59'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	22 Aug 2020 13:43:33
User entered 'Day 6'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 09:23:04

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-28T07:37:40', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '9087ef0e-f2e5-44a6-a627-b007fef78a41'	System	28 Aug 2020 11:37:56
User entered 'Yes (Y)'	System	28 Aug 2020 11:37:56

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 09:23:04

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-28T07:37:46', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '9087ef0e-f2e5-44a6-a627-b007fef78a41'	System	28 Aug 2020 11:37:56
User entered '96.0'	System	28 Aug 2020 11:37:56

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-28T07:37:50', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '9087ef0e-f2e5-44a6-a627-b007fef78a41'	System	28 Aug 2020 11:37:56
User entered 'No (N)'	System	28 Aug 2020 11:37:56

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 09:23:04

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-28T07:37:54', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '9087ef0e-f2e5-44a6-a627-b007fef78a41'	System	28 Aug 2020 11:37:56
User entered '28 Aug 2020 07:37'	System	28 Aug 2020 11:37:56

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '27 Aug 2020 12:00'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Aug 2020 11:59'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	22 Aug 2020 13:43:33
User entered 'Day 7'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 09:23:04

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-29T10:06:41', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '7c2d6f0c-5682-47fd-bac7-618935c14586'	System	29 Aug 2020 14:07:01
User entered 'Yes (Y)'	System	29 Aug 2020 14:07:01

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 09:23:04

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-29T10:06:49', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '7c2d6f0c-5682-47fd-bac7-618935c14586'	System	29 Aug 2020 14:07:01
User entered '98.0'	System	29 Aug 2020 14:07:01

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-29T10:06:52', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '7c2d6f0c-5682-47fd-bac7-618935c14586'	System	29 Aug 2020 14:07:01
User entered 'No (N)'	System	29 Aug 2020 14:07:01

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 09:23:04

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-29T10:06:57', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '7c2d6f0c-5682-47fd-bac7-618935c14586'	System	29 Aug 2020 14:07:01
User entered '29 Aug 2020 10:06'	System	29 Aug 2020 14:07:01

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Aug 2020 12:00'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '29 Aug 2020 11:59'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	22 Aug 2020 13:43:33
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

[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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-22T10:18:27', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '66e7c865-c9c9-43e3-bac6-aaa097477962'	System	22 Aug 2020 14:18:36
User entered 'None (1)'	System	22 Aug 2020 14:18:36

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-22T10:18:06', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '66e7c865-c9c9-43e3-bac6-aaa097477962'	System	22 Aug 2020 14:18:36
User entered 'No (N)'	System	22 Aug 2020 14:18:36

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-22T10:18:10', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '66e7c865-c9c9-43e3-bac6-aaa097477962'	System	22 Aug 2020 14:18:36
User entered 'No (N)'	System	22 Aug 2020 14:18:36

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-22T10:18:18', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '66e7c865-c9c9-43e3-bac6-eaa097477962'	System	22 Aug 2020 14:18:36
User entered 'None (1)'	System	22 Aug 2020 14:18:36

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-22T10:18:32', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '66e7c865-c9c9-43e3-bac6-aaa097477962'	System	22 Aug 2020 14:18:36
User entered '22 Aug 2020 10:18'	System	22 Aug 2020 14:18:36

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '22 Aug 2020 09:52'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '22 Aug 2020 12:22'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	22 Aug 2020 13:43:33
User entered 'Day 1, after vaccination (at home)'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

[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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-23T10:05:44', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '91f0529e-dca0-4f09-819b-64c99eb60da8'	System	23 Aug 2020 14:07:45
User entered 'Does not interfere with activity (2)'	System	23 Aug 2020 14:07:45

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-23T10:05:47', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '91f0529e-dca0-4f09-819b-64c99eb60da8'	System	23 Aug 2020 14:07:45
User entered 'No (N)'	System	23 Aug 2020 14:07:45

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-23T10:05:51', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '91f0529e-dca0-4f09-819b-64c99eb60da8'	System	23 Aug 2020 14:07:45
User entered 'Yes (Y)'	System	23 Aug 2020 14:07:45

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

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

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-23T10:07:19', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '91f0529e-dca0-4f09-819b-64c99eb60da8' User entered '1'	System	23 Aug 2020 14:07:45
	System	23 Aug 2020 14:07:45

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

[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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-23T10:07:36', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '91f0529e-dca0-4f09-819b-64c99eb60da8'	System	23 Aug 2020 14:07:45
User entered 'None (1)'	System	23 Aug 2020 14:07:45

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-23T10:07:43', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '91f0529e-dca0-4f09-819b-64c99eb60da8'	System	23 Aug 2020 14:07:45
User entered '23 Aug 2020 10:07'	System	23 Aug 2020 14:07:45

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '22 Aug 2020 13:17'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '23 Aug 2020 11:59'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	22 Aug 2020 13:43:33
User entered 'Day 2'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:23:04

[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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-24T07:33:28', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '9082ceb2-9ec3-4bf4-be37-6ef35e11006e'	System	24 Aug 2020 11:34:24
User entered 'Does not interfere with activity (2)'	System	24 Aug 2020 11:34:24

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:23:04

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-24T07:33:55', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '9082ceb2-9ec3-4bf4-be37-6ef35e11006e'	System	24 Aug 2020 11:34:24
User entered 'No (N)'	System	24 Aug 2020 11:34:24

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-24T07:34:00', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '9082ceb2-9ec3-4bf4-be37-6ef35e11006e'	System	24 Aug 2020 11:34:24
User entered 'Yes (Y)'	System	24 Aug 2020 11:34:24

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:23:04

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

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-24T07:34:10', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '9082ceb2-9ec3-4bf4-be37-6ef35e11006e' User entered '1'	System	24 Aug 2020 11:34:24
	System	24 Aug 2020 11:34:24

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:23:04

[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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-24T07:34:16', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '9082ceb2-9ec3-4bf4-be37-6ef35e11006e'	System	24 Aug 2020 11:34:24
User entered 'None (1)'	System	24 Aug 2020 11:34:24

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:23:04

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-24T07:34:22', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '9082ceb2-9ec3-4bf4-be37-6ef35e11006e'	System	24 Aug 2020 11:34:24
User entered '24 Aug 2020 07:34'	System	24 Aug 2020 11:34:24

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '23 Aug 2020 12:00'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '24 Aug 2020 11:59'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	22 Aug 2020 13:43:33
User entered 'Day 3'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 09:23:04

[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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-25T08:18:22', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '00d8fa67-a653-47e8-9a84-78c46e13cfd2'	System	25 Aug 2020 12:18:41
User entered 'None (1)'	System	25 Aug 2020 12:18:41

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 09:23:04

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-25T08:18:25', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '00d8fa67-a653-47e8-9a84-78c46e13cfd2'	System	25 Aug 2020 12:18:41
User entered 'No (N)'	System	25 Aug 2020 12:18:41

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-25T08:18:30', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '00d8fa67-a653-47e8-9a84-78c46e13cfd2'	System	25 Aug 2020 12:18:41
User entered 'No (N)'	System	25 Aug 2020 12:18:41

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 09:23:04

[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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-25T08:18:33', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '00d8fa67-a653-47e8-9a84-78c46e13cfd2'	System	25 Aug 2020 12:18:41
User entered 'None (1)'	System	25 Aug 2020 12:18:41

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 09:23:04

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-25T08:18:36', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '00d8fa67-a653-47e8-9a84-78c46e13cfd2'	System	25 Aug 2020 12:18:41
User entered '25 Aug 2020 08:18'	System	25 Aug 2020 12:18:41

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '24 Aug 2020 12:00'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '25 Aug 2020 11:59'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	22 Aug 2020 13:43:33
User entered 'Day 4'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:23:04

[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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-26T08:07:27', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'f96c8e1a-8db1-41a3-909c-759070255a03'	System	26 Aug 2020 12:07:47
User entered 'None (1)'	System	26 Aug 2020 12:07:47

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:23:04

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-26T08:07:31', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'f96c8e1a-8db1-41a3-909c-759070255a03'	System	26 Aug 2020 12:07:47
User entered 'No (N)'	System	26 Aug 2020 12:07:47

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-26T08:07:34', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'f96c8e1a-8db1-41a3-909c-759070255a03'	System	26 Aug 2020 12:07:47
User entered 'No (N)'	System	26 Aug 2020 12:07:47

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:23:04

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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-26T08:07:39', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'f96c8e1a-8db1-41a3-909c-759070255a03'	System	26 Aug 2020 12:07:47
User entered 'None (1)'	System	26 Aug 2020 12:07:47

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:23:04

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-26T08:07:43', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'f96c8e1a-8db1-41a3-909c-759070255a03'	System	26 Aug 2020 12:07:47
User entered '26 Aug 2020 08:07'	System	26 Aug 2020 12:07:47

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '25 Aug 2020 12:00'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '26 Aug 2020 11:59'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	22 Aug 2020 13:43:33
User entered 'Day 5'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:23:04

[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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-27T08:23:57', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'cc7148d3-3aff-4fef-89b2-4d2bea3d039d'	System	27 Aug 2020 12:24:13
User entered 'None (1)'	System	27 Aug 2020 12:24:13

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-27T08:24:02', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'cc7148d3-3aff-4fef-89b2-4d2bea3d039d'	System	27 Aug 2020 12:24:13
User entered 'No (N)'	System	27 Aug 2020 12:24:13

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-27T08:24:04', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'cc7148d3-3aff-4fef-89b2-4d2bea3d039d'	System	27 Aug 2020 12:24:13
User entered 'No (N)'	System	27 Aug 2020 12:24:13

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:23:04

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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-27T08:24:08', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'cc7148d3-3aff-4fef-89b2-4d2bea3d039d'	System	27 Aug 2020 12:24:13
User entered 'None (1)'	System	27 Aug 2020 12:24:13

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:23:04

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-27T08:24:11', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'cc7148d3-3aff-4fef-89b2-4d2bea3d039d'	System	27 Aug 2020 12:24:13
User entered '27 Aug 2020 08:24'	System	27 Aug 2020 12:24:13

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '26 Aug 2020 12:00'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '27 Aug 2020 11:59'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	22 Aug 2020 13:43:33
User entered 'Day 6'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:23:04

[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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-28T07:38:01', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'd275d2bf-28ec-41fd-8733-f188a1427d51'	System	28 Aug 2020 11:38:27
User entered 'None (1)'	System	28 Aug 2020 11:38:27

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-28T07:38:05', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'd275d2bf-28ec-41fd-8733-f188a1427d51'	System	28 Aug 2020 11:38:27
User entered 'No (N)'	System	28 Aug 2020 11:38:27

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-28T07:38:13', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'd275d2bf-28ec-41fd-8733-f188a1427d51'	System	28 Aug 2020 11:38:27
User entered 'No (N)'	System	28 Aug 2020 11:38:27

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:23:04

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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-28T07:38:21', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'd275d2bf-28ec-41fd-8733-f188a1427d51'	System	28 Aug 2020 11:38:27
User entered 'None (1)'	System	28 Aug 2020 11:38:27

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:23:04

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-28T07:38:24', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'd275d2bf-28ec-41fd-8733-f188a1427d51'	System	28 Aug 2020 11:38:27
User entered '28 Aug 2020 07:38'	System	28 Aug 2020 11:38:27

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '27 Aug 2020 12:00'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Aug 2020 11:59'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	22 Aug 2020 13:43:33
User entered 'Day 7'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 09:23:04

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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-29T10:07:02', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'd59e375b-a19d-4166-b3e3-5936eb318ae5'	System	29 Aug 2020 14:07:18
User entered 'None (1)'	System	29 Aug 2020 14:07:18

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 09:23:04

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-29T10:07:05', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'd59e375b-a19d-4166-b3e3-5936eb318ae5'	System	29 Aug 2020 14:07:18
User entered 'No (N)'	System	29 Aug 2020 14:07:18

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-29T10:07:08', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'd59e375b-a19d-4166-b3e3-5936eb318ae5'	System	29 Aug 2020 14:07:18
User entered 'No (N)'	System	29 Aug 2020 14:07:18

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 09:23:04

[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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-29T10:07:12', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'd59e375b-a19d-4166-b3e3-5936eb318ae5'	System	29 Aug 2020 14:07:18
User entered 'None (1)'	System	29 Aug 2020 14:07:18

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 09:23:04

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-29T10:07:16', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'd59e375b-a19d-4166-b3e3-5936eb318ae5'	System	29 Aug 2020 14:07:18
User entered '29 Aug 2020 10:07'	System	29 Aug 2020 14:07:18

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Aug 2020 12:00'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '29 Aug 2020 11:59'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	22 Aug 2020 13:43:33
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-22T10:18:39', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'e5cf49f0-fc6c-41b8-87d1-37484e4f570b'	System	22 Aug 2020 14:19:07
User entered 'None (0)'	System	22 Aug 2020 14:19:07

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-22T10:18:43', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'e5cf49f0-fc6c-41b8-87d1-37484e4f570b'	System	22 Aug 2020 14:19:07
User entered 'None (0)'	System	22 Aug 2020 14:19:07

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-22T10:18:46', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'e5cf49f0-fc6c-41b8-87d1-37484e4f570b'	System	22 Aug 2020 14:19:07
User entered 'None (0)'	System	22 Aug 2020 14:19:07

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-22T10:18:49', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'e5cf49f0-fc6c-41b8-87d1-37484e4f570b'	System	22 Aug 2020 14:19:07
User entered 'None (0)'	System	22 Aug 2020 14:19:07

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-22T10:18:52', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'e5cf49f0-fc6c-41b8-87d1-37484e4f570b'	System	22 Aug 2020 14:19:07
User entered 'None (0)'	System	22 Aug 2020 14:19:07

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-22T10:18:55', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'e5cf49f0-fc6c-41b8-87d1-37484e4f570b'	System	22 Aug 2020 14:19:07
User entered 'None (0)'	System	22 Aug 2020 14:19:07

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-22T10:19:00', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'e5cf49f0-fc6c-41b8-87d1-37484e4f570b'	System	22 Aug 2020 14:19:07
User entered 'No (N)'	System	22 Aug 2020 14:19:07

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-22T10:19:04', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'e5cf49f0-fc6c-41b8-87d1-37484e4f570b'	System	22 Aug 2020 14:19:07
User entered '22 Aug 2020 10:19'	System	22 Aug 2020 14:19:07

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '22 Aug 2020 09:52'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '22 Aug 2020 12:22'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	22 Aug 2020 13:43:33
User entered 'Day 1, after vaccination (at home)'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-23T10:07:49', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '96b1724e-79d0-4f72-8f96-d05e6bcd7d85'	System	23 Aug 2020 14:08:19
User entered 'None (0)'	System	23 Aug 2020 14:08:19

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-23T10:07:55', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '96b1724e-79d0-4f72-8f96-d05e6bcd7d85'	System	23 Aug 2020 14:08:19
User entered 'No interference with activity (1)'	System	23 Aug 2020 14:08:19

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-23T10:07:59', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '96b1724e-79d0-4f72-8f96-d05e6bcd7d85'	System	23 Aug 2020 14:08:19
User entered 'None (0)'	System	23 Aug 2020 14:08:19

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-23T10:08:03', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '96b1724e-79d0-4f72-8f96-d05e6bcd7d85'	System	23 Aug 2020 14:08:19
User entered 'None (0)'	System	23 Aug 2020 14:08:19

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-23T10:08:06', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '96b1724e-79d0-4f72-8f96-d05e6bcd7d85'	System	23 Aug 2020 14:08:19
User entered 'None (0)'	System	23 Aug 2020 14:08:19

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-23T10:08:09', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '96b1724e-79d0-4f72-8f96-d05e6bcd7d85'	System	23 Aug 2020 14:08:19
User entered 'None (0)'	System	23 Aug 2020 14:08:19

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-23T10:08:12', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '96b1724e-79d0-4f72-8f96-d05e6bcd7d85'	System	23 Aug 2020 14:08:19
User entered 'No (N)'	System	23 Aug 2020 14:08:19

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-23T10:08:18', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '96b1724e-79d0-4f72-8f96-d05e6bcd7d85'	System	23 Aug 2020 14:08:19
User entered '23 Aug 2020 10:08'	System	23 Aug 2020 14:08:19

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '22 Aug 2020 13:17'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '23 Aug 2020 11:59'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	22 Aug 2020 13:43:33
User entered 'Day 2'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:23:04

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-24T07:34:28', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '5c39598a-2978-43f1-84db-bfdc0609185b'	System	24 Aug 2020 11:35:07
User entered 'None (0)'	System	24 Aug 2020 11:35:07

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:23:04

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-24T07:34:35', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '5c39598a-2978-43f1-84db-bfdc0609185b'	System	24 Aug 2020 11:35:07
User entered 'None (0)'	System	24 Aug 2020 11:35:07

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:23:04

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-24T07:34:42', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '5c39598a-2978-43f1-84db-bfdc0609185b'	System	24 Aug 2020 11:35:07
User entered 'No interference with activity (1)'	System	24 Aug 2020 11:35:07

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:23:04

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-24T07:34:51', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '5c39598a-2978-43f1-84db-bfdc0609185b'	System	24 Aug 2020 11:35:07
User entered 'No interference with activity (1)'	System	24 Aug 2020 11:35:07

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:23:04

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-24T07:34:54', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '5c39598a-2978-43f1-84db-bfdc0609185b'	System	24 Aug 2020 11:35:07
User entered 'None (0)'	System	24 Aug 2020 11:35:07

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:23:04

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-24T07:34:56', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '5c39598a-2978-43f1-84db-bfdc0609185b'	System	24 Aug 2020 11:35:07
User entered 'None (0)'	System	24 Aug 2020 11:35:07

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:23:04

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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-24T07:35:02', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '5c39598a-2978-43f1-84db-bfdc0609185b'	System	24 Aug 2020 11:35:07
User entered 'No (N)'	System	24 Aug 2020 11:35:07

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:23:04

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-24T07:35:05', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '5c39598a-2978-43f1-84db-bfdc0609185b'	System	24 Aug 2020 11:35:07
User entered '24 Aug 2020 07:35'	System	24 Aug 2020 11:35:07

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '23 Aug 2020 12:00'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '24 Aug 2020 11:59'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	22 Aug 2020 13:43:33
User entered 'Day 3'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:23:04

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-25T08:18:42', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'b4d68a0f-bbca-4440-85ab-52a1df689712'	System	25 Aug 2020 12:19:10
User entered 'None (0)'	System	25 Aug 2020 12:19:10

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:23:04

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-25T08:18:46', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'b4d68a0f-bbca-4440-85ab-52a1df689712'	System	25 Aug 2020 12:19:10
User entered 'None (0)'	System	25 Aug 2020 12:19:10

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:23:04

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-25T08:18:50', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'b4d68a0f-bbca-4440-85ab-52a1df689712'	System	25 Aug 2020 12:19:10
User entered 'None (0)'	System	25 Aug 2020 12:19:10

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:23:04

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-25T08:18:56', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'b4d68a0f-bbca-4440-85ab-52a1df689712'	System	25 Aug 2020 12:19:10
User entered 'No interference with activity (1)'	System	25 Aug 2020 12:19:10

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:23:04

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-25T08:18:59', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'b4d68a0f-bbca-4440-85ab-52a1df689712'	System	25 Aug 2020 12:19:10
User entered 'None (0)'	System	25 Aug 2020 12:19:10

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:23:04

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-25T08:19:01', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'b4d68a0f-bbca-4440-85ab-52a1df689712'	System	25 Aug 2020 12:19:10
User entered 'None (0)'	System	25 Aug 2020 12:19:10

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:23:04

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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-25T08:19:05', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'b4d68a0f-bbca-4440-85ab-52a1df689712'	System	25 Aug 2020 12:19:10
User entered 'No (N)'	System	25 Aug 2020 12:19:10

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:23:04

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-25T08:19:08', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'b4d68a0f-bbca-4440-85ab-52a1df689712'	System	25 Aug 2020 12:19:10
User entered '25 Aug 2020 08:19'	System	25 Aug 2020 12:19:10

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '24 Aug 2020 12:00'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '25 Aug 2020 11:59'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	22 Aug 2020 13:43:33
User entered 'Day 4'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:23:04

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-26T08:07:49', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'e796aa09-4376-44a6-9af9-92c4cb16ef71'	System	26 Aug 2020 12:08:20
User entered 'None (0)'	System	26 Aug 2020 12:08:20

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:23:04

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-26T08:07:54', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'e796aa09-4376-44a6-9af9-92c4cb16ef71'	System	26 Aug 2020 12:08:20
User entered 'Some interference with activity (2)'	System	26 Aug 2020 12:08:20

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:23:04

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-26T08:08:01', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'e796aa09-4376-44a6-9af9-92c4cb16ef71'	System	26 Aug 2020 12:08:20
User entered 'None (0)'	System	26 Aug 2020 12:08:20

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:23:04

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-26T08:08:06', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'e796aa09-4376-44a6-9af9-92c4cb16ef71'	System	26 Aug 2020 12:08:20
User entered 'No interference with activity (1)'	System	26 Aug 2020 12:08:20

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:23:04

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-26T08:08:09', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'e796aa09-4376-44a6-9af9-92c4cb16ef71'	System	26 Aug 2020 12:08:20
User entered 'None (0)'	System	26 Aug 2020 12:08:20

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:23:04

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-26T08:08:12', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'e796aa09-4376-44a6-9af9-92c4cb16ef71'	System	26 Aug 2020 12:08:20
User entered 'None (0)'	System	26 Aug 2020 12:08:20

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:23:04

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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-26T08:08:14', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'e796aa09-4376-44a6-9af9-92c4cb16ef71'	System	26 Aug 2020 12:08:20
User entered 'No (N)'	System	26 Aug 2020 12:08:20

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:23:04

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-26T08:08:17', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'e796aa09-4376-44a6-9af9-92c4cb16ef71'	System	26 Aug 2020 12:08:20
User entered '26 Aug 2020 08:08'	System	26 Aug 2020 12:08:20

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '25 Aug 2020 12:00'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '26 Aug 2020 11:59'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	22 Aug 2020 13:43:33
User entered 'Day 5'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:23:04

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-27T08:24:16', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '0c1fb091-42d9-4342-b038-1ea4e01cef81'	System	27 Aug 2020 12:24:47
User entered 'None (0)'	System	27 Aug 2020 12:24:47

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:23:04

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-27T08:24:22', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '0c1fb091-42d9-4342-b038-1ea4e01cef81'	System	27 Aug 2020 12:24:47
User entered 'None (0)'	System	27 Aug 2020 12:24:47

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:23:04

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-27T08:24:27', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '0c1fb091-42d9-4342-b038-1ea4e01cef81'	System	27 Aug 2020 12:24:47
User entered 'None (0)'	System	27 Aug 2020 12:24:47

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:23:04

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-27T08:24:34', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '0c1fb091-42d9-4342-b038-1ea4e01cef81'	System	27 Aug 2020 12:24:47
User entered 'No interference with activity (1)'	System	27 Aug 2020 12:24:47

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:23:04

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-27T08:24:37', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '0c1fb091-42d9-4342-b038-1ea4e01cef81'	System	27 Aug 2020 12:24:47
User entered 'None (0)'	System	27 Aug 2020 12:24:47

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:23:04

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-27T08:24:40', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '0c1fb091-42d9-4342-b038-1ea4e01cef81'	System	27 Aug 2020 12:24:47
User entered 'None (0)'	System	27 Aug 2020 12:24:47

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:23:04

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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-27T08:24:43', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '0c1fb091-42d9-4342-b038-1ea4e01cef81'	System	27 Aug 2020 12:24:47
User entered 'No (N)'	System	27 Aug 2020 12:24:47

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:23:04

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-27T08:24:45', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '0c1fb091-42d9-4342-b038-1ea4e01cef81'	System	27 Aug 2020 12:24:47
User entered '27 Aug 2020 08:24'	System	27 Aug 2020 12:24:47

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '26 Aug 2020 12:00'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '27 Aug 2020 11:59'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	22 Aug 2020 13:43:33
User entered 'Day 6'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:23:04

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-28T07:38:29', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '3fdb3c1a-6164-44b3-bdda-771ddcc7aa87'	System	28 Aug 2020 11:38:59
User entered 'None (0)'	System	28 Aug 2020 11:38:59

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:23:04

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-28T07:38:34', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '3fdb3c1a-6164-44b3-bdda-771ddcc7aa87'	System	28 Aug 2020 11:38:59
User entered 'None (0)'	System	28 Aug 2020 11:38:59

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:23:04

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-28T07:38:41', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '3fdb3c1a-6164-44b3-bdda-771ddcc7aa87'	System	28 Aug 2020 11:38:59
User entered 'None (0)'	System	28 Aug 2020 11:38:59

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:23:04

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-28T07:38:44', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '3fdb3c1a-6164-44b3-bdda-771ddcc7aa87'	System	28 Aug 2020 11:38:59
User entered 'No interference with activity (1)'	System	28 Aug 2020 11:38:59

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:23:04

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-28T07:38:47', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '3fdb3c1a-6164-44b3-bdda-771ddcc7aa87'	System	28 Aug 2020 11:38:59
User entered 'None (0)'	System	28 Aug 2020 11:38:59

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:23:04

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-28T07:38:49', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '3fdb3c1a-6164-44b3-bdda-771ddcc7aa87'	System	28 Aug 2020 11:38:59
User entered 'None (0)'	System	28 Aug 2020 11:38:59

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:23:04

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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-28T07:38:52', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '3fdb3c1a-6164-44b3-bdda-771ddcc7aa87'	System	28 Aug 2020 11:38:59
User entered 'No (N)'	System	28 Aug 2020 11:38:59

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:23:04

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-28T07:38:56', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '3fdb3c1a-6164-44b3-bdda-771ddcc7aa87'	System	28 Aug 2020 11:38:59
User entered '28 Aug 2020 07:38'	System	28 Aug 2020 11:38:59

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '27 Aug 2020 12:00'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Aug 2020 11:59'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	22 Aug 2020 13:43:33
User entered 'Day 7'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:23:04

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-29T10:07:21', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '83e0b9f7-9e06-4d41-917b-39c1b9f36ee6'	System	29 Aug 2020 14:07:53
User entered 'None (0)'	System	29 Aug 2020 14:07:53

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:23:04

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-29T10:07:24', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '83e0b9f7-9e06-4d41-917b-39c1b9f36ee6'	System	29 Aug 2020 14:07:53
User entered 'None (0)'	System	29 Aug 2020 14:07:53

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:23:04

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-29T10:07:28', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '83e0b9f7-9e06-4d41-917b-39c1b9f36ee6'	System	29 Aug 2020 14:07:53
User entered 'None (0)'	System	29 Aug 2020 14:07:53

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:23:04

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-29T10:07:31', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '83e0b9f7-9e06-4d41-917b-39c1b9f36ee6'	System	29 Aug 2020 14:07:53
User entered 'No interference with activity (1)'	System	29 Aug 2020 14:07:53

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:23:04

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-29T10:07:37', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '83e0b9f7-9e06-4d41-917b-39c1b9f36ee6'	System	29 Aug 2020 14:07:53
User entered 'None (0)'	System	29 Aug 2020 14:07:53

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:23:04

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-29T10:07:40', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '83e0b9f7-9e06-4d41-917b-39c1b9f36ee6'	System	29 Aug 2020 14:07:53
User entered 'None (0)'	System	29 Aug 2020 14:07:53

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:23:04

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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-29T10:07:43', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '83e0b9f7-9e06-4d41-917b-39c1b9f36ee6'	System	29 Aug 2020 14:07:53
User entered 'No (N)'	System	29 Aug 2020 14:07:53

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:23:04

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-08-29T10:07:48', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '83e0b9f7-9e06-4d41-917b-39c1b9f36ee6'	System	29 Aug 2020 14:07:53
User entered '29 Aug 2020 10:07'	System	29 Aug 2020 14:07:53

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Aug 2020 12:00'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '29 Aug 2020 11:59'	System	22 Aug 2020 13:43:33

US3432242

Folder: Diary Dose 1 (1)

Form: JointsAche_Day(8)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Aug 2020 11:38:59
User entered 'Day 8'	System	28 Aug 2020 11:38:59

US3432242

Folder: Diary Dose 1 (1)

Form: JointsAche_Day(8)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '29 Aug 2020 12:00'	System	28 Aug 2020 11:38:59

US3432242

Folder: Diary Dose 1 (1)

Form: JointsAche_Day(8)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '30 Aug 2020 11:59'	System	28 Aug 2020 11:38:59

US3432242

Folder: Diary Dose 1 (1)

Form: JointsAche_Day(9)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	29 Aug 2020 14:07:53
User entered 'Day 9'	System	29 Aug 2020 14:07:53

US3432242

Folder: Diary Dose 1 (1)

Form: JointsAche_Day(9)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '30 Aug 2020 12:00'	System	29 Aug 2020 14:07:53

US3432242

Folder: Diary Dose 1 (1)

Form: JointsAche_Day(9)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '31 Aug 2020 11:59'	System	29 Aug 2020 14:07:53

US3432242

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(8)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	28 Aug 2020 11:38:59
User entered 'Day 8'	System	28 Aug 2020 11:38:59

US3432242

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(8)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '29 Aug 2020 12:00'	System	28 Aug 2020 11:38:59

US3432242

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(8)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '30 Aug 2020 11:59'	System	28 Aug 2020 11:38:59

US3432242

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(9)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	29 Aug 2020 14:07:53
User entered 'Day 9'	System	29 Aug 2020 14:07:53

US3432242

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(9)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '30 Aug 2020 12:00'	System	29 Aug 2020 14:07:53

US3432242

Folder: Diary Dose 1 (1)

Form: Medical Attention_Day(9)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '31 Aug 2020 11:59'	System	29 Aug 2020 14:07:53

US3432242

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Julia Klopfer (b) (4) (b) (4)	29 Aug 2020 19:28:16

US3432242

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '29 Aug 2020'	Julia Klopfer (b) (4) (b) (4)	29 Aug 2020 19:28:16

US3432242

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Julia Klopfer (b) (4) (b) (4)	29 Aug 2020 19:28:16

US3432242

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Julia Klopfer (b) (4) (b) (4)	29 Aug 2020 19:28:16

US3432242

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Julia Klopfer (b) (4) (b) (4)	29 Aug 2020 19:28:23

US3432242

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:23:04

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	29 Aug 2020 19:28:23

US3432242

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Phoebe Cunningham (b) (4)	05 Sep 2020 17:18:50

US3432242

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '05 Sep 2020' reason for change: Per Query Resolution	Xhoi Mitre (b) (4)	10 Nov 2020 15:10:35
User entered '5 Sep 2020'	(b) (4) Phoebe Cunningham (b) (4)	05 Sep 2020 17:18:50

US3432242

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Phoebe Cunningham (b) (4)	05 Sep 2020 17:18:50

US3432242

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Phoebe Cunningham (b) (4)	05 Sep 2020 17:18:50

US3432242

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Phoebe Cunningham (b) (4)	05 Sep 2020 17:20:32

US3432242

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:23:04

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	05 Sep 2020 17:20:32

US3432242

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Phoebe Cunningham (b) (4)	14 Sep 2020 21:36:11

US3432242

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '14 Sep 2020'	Phoebe Cunningham (b) (4)	14 Sep 2020 21:36:11

US3432242

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Phoebe Cunningham (b) (4)	14 Sep 2020 21:36:11

US3432242

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Phoebe Cunningham (b) (4)	14 Sep 2020 21:36:11

US3432242

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Jessica Cauley (b) (4) (b) (4)	21 Sep 2020 13:07:07

US3432242

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:23:04

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	21 Sep 2020 13:07:07

US3432242

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 09:23:04

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Jessica Cauley (b) (4) (b) (4)	21 Sep 2020 13:08:03

US3432242

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '21 Sep 2020'	Jessica Cauley (b) (4) (b) (4)	21 Sep 2020 13:08:03

US3432242

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	Jessica Cauley (b) (4) (b) (4)	21 Sep 2020 13:08:03

US3432242

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 09:23:04

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'VISIT2'	System	21 Sep 2020 13:08:03

US3432242

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:23:04

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Pre-Dose (PREDOSE)'	(b) (4), (b) (6)	21 Sep 2020 14:30:13

US3432242

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:23:04

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Sep 2020 14:30:13

US3432242

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:23:04

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '21 Sep 2020'	(b) (4), (b) (6)	21 Sep 2020 14:30:13

US3432242

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '8:17'	(b) (4), (b) (6)	21 Sep 2020 14:30:13

US3432242

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '21 Sep 2020 8:17'	System	21 Sep 2020 14:30:13

US3432242

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:23:04

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '98.3' F	(b) (4), (b) (6)	21 Sep 2020 14:30:13

US3432242

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:23:04

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	(b) (4), (b) (6)	21 Sep 2020 14:30:13

US3432242

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:23:04

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Sep 2020 14:30:13

US3432242

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:23:04

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '58'	(b) (4), (b) (6)	21 Sep 2020 14:30:13

US3432242

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:23:04

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	21 Sep 2020 14:30:13

US3432242

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '16'	(b) (4), (b) (6)	21 Sep 2020 14:30:13

US3432242

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:23:04

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	21 Sep 2020 14:30:13

US3432242

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:23:04

[Systolic Blood Pressure \(xxx\)](#)

Audit	User	Time (GMT)
User entered '156'	(b) (4), (b) (6)	21 Sep 2020 14:30:13

US3432242

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:23:04

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	21 Sep 2020 14:30:13

US3432242

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:23:04

[Diastolic Blood Pressure \(xxx\)](#)

Audit	User	Time (GMT)
User entered '75'	(b) (4), (b) (6)	21 Sep 2020 14:30:13

US3432242

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:23:04

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	21 Sep 2020 14:30:13

US3432242

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:23:04

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Post-Dose (POSTDOSE)'	(b) (4), (b) (6)	21 Sep 2020 14:30:13

US3432242

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:23:04

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Sep 2020 14:30:13

US3432242

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:23:04

[Date of assessment \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered '21 Sep 2020'	(b) (4), (b) (6)	21 Sep 2020 14:30:13

US3432242

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '9:30'	(b) (4), (b) (6)	21 Sep 2020 14:30:13

US3432242

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '21 Sep 2020 9:30'	System	21 Sep 2020 14:30:13

US3432242

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:23:04

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '97.9' F	(b) (4), (b) (6)	21 Sep 2020 14:30:13

US3432242

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:23:04

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	(b) (4), (b) (6)	21 Sep 2020 14:30:13

US3432242

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:23:04

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	21 Sep 2020 14:30:13

US3432242

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:23:04

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '51'	(b) (4), (b) (6)	21 Sep 2020 14:30:13

US3432242

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:23:04

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	21 Sep 2020 14:30:13

US3432242

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '16'	(b) (4), (b) (6)	21 Sep 2020 14:30:13

US3432242

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:23:04

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	21 Sep 2020 14:30:13

US3432242

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:23:04

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '166'	(b) (4), (b) (6)	21 Sep 2020 14:30:13

US3432242

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:23:04

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	21 Sep 2020 14:30:13

US3432242

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:23:04

[Diastolic Blood Pressure \(xxx\)](#)

Audit	User	Time (GMT)
User entered '81'	(b) (4), (b) (6)	21 Sep 2020 14:30:13

US3432242

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:23:04

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	21 Sep 2020 14:30:13

US3432242

Folder: Visit 2 Day 29 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 09:23:04

[Was the physical examination performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Sep 2020 14:24:32

US3432242

Folder: Visit 2 Day 29 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 09:23:04

Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
User entered '21 Sep 2020'	(b) (4), (b) (6)	21 Sep 2020 14:24:32

US3432242

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 09:23:04

[Was study treatment given?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Jessica Cauley (b) (4) (b) (4)	21 Sep 2020 13:08:41

US3432242

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 09:23:04

[If No, reason not given](#)

Audit	User	Time (GMT)
User entered empty.	Jessica Cauley (b) (4) (b) (4)	21 Sep 2020 13:08:41

US3432242

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered empty.	Jessica Cauley (b) (4) (b) (4)	21 Sep 2020 13:08:41

US3432242

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 09:23:04

[What was the study treatment?](#)

Audit	User	Time (GMT)
User entered 'MRNA-1273 OR PLACEBO'	System	21 Sep 2020 13:08:41

US3432242

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 09:23:04

What was the treatment date? (dd MMM yyyy)

Audit	User	Time (GMT)
User entered '21 Sep 2020'	Jessica Cauley (b) (4) (b) (4)	21 Sep 2020 13:08:41

US3432242

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '08:58'	Jessica Cauley (b) (4) (b) (4)	21 Sep 2020 13:08:41

US3432242

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '21 Sep 2020 08:58'	System	21 Sep 2020 13:08:41

US3432242

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'Left Arm (LEFT ARM)'	Jessica Cauley (b) (4) (b) (4)	21 Sep 2020 13:08:41

US3432242

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'ONCE'	System	21 Sep 2020 13:08:41

US3432242

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'INTRAMUSCULAR'	System	21 Sep 2020 13:08:41

US3432242

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:23:04

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Jessica Cauley (b) (4) (b) (4)	21 Sep 2020 17:33:57

US3432242

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '21 Sep 2020'	Jessica Cauley (b) (4) (b) (4)	21 Sep 2020 17:33:57

US3432242

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '08:35'	Jessica Cauley (b) (4) (b) (4)	21 Sep 2020 17:33:57

US3432242

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '21 Sep 2020 08:35'	System	21 Sep 2020 17:33:57

US3432242

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '21 Sep 2020'	Jessica Cauley (b) (4) (b) (4)	21 Sep 2020 17:34:08

US3432242

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 09:23:04

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 1 (NASAL1)'	Jessica Cauley (b) (4)	21 Sep 2020 17:34:08

US3432242

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 09:23:04

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Jessica Cauley (b) (4) (b) (4)	21 Sep 2020 17:34:08

US3432242

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '08:43'	Jessica Cauley (b) (4) (b) (4)	21 Sep 2020 17:34:08

US3432242

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '21 Sep 2020 08:43'	System	21 Sep 2020 17:34:08

US3432242

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 09:23:04

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 2 (NASAL2)'	Jessica Cauley (b) (4)	21 Sep 2020 17:34:08

US3432242

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 09:23:04

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Jessica Cauley (b) (4) (b) (4)	21 Sep 2020 17:34:08

US3432242

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered empty.	Jessica Cauley (b) (4) (b) (4)	21 Sep 2020 17:34:08

US3432242

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered empty.	System	21 Sep 2020 17:34:08

US3432242

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	21 Sep 2020 14:24:24

US3432242

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:23:04

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	21 Sep 2020 14:24:24

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	21 Sep 2020 13:08:41
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-21T09:34:41', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '069139cd-b097-46af-8999-c04b1610473b'	System	21 Sep 2020 13:35:08
User entered 'Yes (Y)'	System	21 Sep 2020 13:35:08

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-21T09:34:53', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '069139cd-b097-46af-8999-c04b1610473b' User entered '97.9'	System	21 Sep 2020 13:35:08

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-21T09:34:59', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '069139cd-b097-46af-8999-c04b1610473b'	System	21 Sep 2020 13:35:08
User entered 'No (N)'	System	21 Sep 2020 13:35:08

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-21T09:35:05', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '069139cd-b097-46af-8999-c04b1610473b'	System	21 Sep 2020 13:35:08
User entered '21 Sep 2020 09:35'	System	21 Sep 2020 13:35:08

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '21 Sep 2020 09:18'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '21 Sep 2020 11:48'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	21 Sep 2020 13:08:41
User entered 'Day 1, after vaccination (at home)'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-22T07:32:32', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '909ca4fa-330b-4501-9e7a-38d5ee3138d2'	System	22 Sep 2020 11:33:17
User entered 'Yes (Y)'	System	22 Sep 2020 11:33:17

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-22T07:32:47', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '909ca4fa-330b-4501-9e7a-38d5ee3138d2' User entered '101.7'	System	22 Sep 2020 11:33:17
	System	22 Sep 2020 11:33:17

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-22T07:32:52', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '909ca4fa-330b-4501-9e7a-38d5ee3138d2'	System	22 Sep 2020 11:33:17
User entered 'Yes (Y)'	System	22 Sep 2020 11:33:17

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User closed query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System). Query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' answered with 'contacted at safety call' (Site from System).	(b) (4), (b) (6)	23 Nov 2020 07:59:27
User opened query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System). External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-22T07:33:02', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '909ca4fa-330b-4501-9e7a-38d5ee3138d2'	Monica Feeley (b) (4)	10 Nov 2020 21:41:04
User entered '1'	System	22 Sep 2020 11:33:17

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

To **PREVENT** pain or fever from occurring

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-22T07:33:02', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '909ca4fa-330b-4501-9e7a-38d5ee3138d2' User entered '0'	System	22 Sep 2020 11:33:17

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-22T07:33:15', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '909ca4fa-330b-4501-9e7a-38d5ee3138d2'	System	22 Sep 2020 11:33:17
User entered '22 Sep 2020 07:33'	System	22 Sep 2020 11:33:17

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '21 Sep 2020 12:43'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '22 Sep 2020 11:59'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	21 Sep 2020 13:08:41
User entered 'Day 2'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 09:23:04

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-23T09:09:27', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'c9c4baa3-c404-41d9-81fb-113a49c1c151'	System	23 Sep 2020 13:10:00
User entered 'Yes (Y)'	System	23 Sep 2020 13:10:00

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 09:23:04

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-23T09:09:42', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'c9c4baa3-c404-41d9-81fb-113a49c1c151'	System	23 Sep 2020 13:10:00
User entered '98.4'	System	23 Sep 2020 13:10:00

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-23T09:09:49', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'c9c4baa3-c404-41d9-81fb-113a49c1c151'	System	23 Sep 2020 13:10:00
User entered 'No (N)'	System	23 Sep 2020 13:10:00

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 09:23:04

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-23T09:09:55', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'c9c4baa3-c404-41d9-81fb-113a49c1c151'	System	23 Sep 2020 13:10:00
User entered '23 Sep 2020 09:09'	System	23 Sep 2020 13:10:00

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '22 Sep 2020 12:00'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '23 Sep 2020 11:59'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	21 Sep 2020 13:08:41
User entered 'Day 3'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '23 Sep 2020 12:00'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '24 Sep 2020 11:59'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	21 Sep 2020 13:08:41
User entered 'Day 4'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 09:23:04

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-24T18:38:23', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '6e616eb8-7743-4073-9569-45ee6c0d4fb2'	System	24 Sep 2020 22:38:41
User entered 'Yes (Y)'	System	24 Sep 2020 22:38:41

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 09:23:04

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-24T18:38:30', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '6e616eb8-7743-4073-9569-45ee6c0d4fb2'	System	24 Sep 2020 22:38:41
User entered '98.4'	System	24 Sep 2020 22:38:41

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-24T18:38:35', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '6e616eb8-7743-4073-9569-45ee6c0d4fb2'	System	24 Sep 2020 22:38:41
User entered 'No (N)'	System	24 Sep 2020 22:38:41

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 09:23:04

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-24T18:38:39', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '6e616eb8-7743-4073-9569-45ee6c0d4fb2'	System	24 Sep 2020 22:38:41
User entered '24 Sep 2020 18:38'	System	24 Sep 2020 22:38:41

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '24 Sep 2020 12:00'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '25 Sep 2020 11:59'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	21 Sep 2020 13:08:41
User entered 'Day 5'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 09:23:04

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-26T10:04:12', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '96e5d6bd-b387-40de-af74-6c82990f6324'	System	26 Sep 2020 14:04:25
User entered 'Yes (Y)'	System	26 Sep 2020 14:04:25

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 09:23:04

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-26T10:04:16', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '96e5d6bd-b387-40de-af74-6c82990f6324'	System	26 Sep 2020 14:04:25
User entered '97.6'	System	26 Sep 2020 14:04:25

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-26T10:04:19', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '96e5d6bd-b387-40de-af74-6c82990f6324'	System	26 Sep 2020 14:04:25
User entered 'No (N)'	System	26 Sep 2020 14:04:25

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 09:23:04

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-26T10:04:23', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '96e5d6bd-b387-40de-af74-6c82990f6324'	System	26 Sep 2020 14:04:25
User entered '26 Sep 2020 10:04'	System	26 Sep 2020 14:04:25

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '25 Sep 2020 12:00'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '26 Sep 2020 11:59'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	21 Sep 2020 13:08:41
User entered 'Day 6'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 09:23:04

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-27T11:06:33', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '99619bf3-3d3e-4933-a0e8-17bd3eb03eb5'	System	27 Sep 2020 15:06:49
User entered 'Yes (Y)'	System	27 Sep 2020 15:06:49

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 09:23:04

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-27T11:06:40', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '99619bf3-3d3e-4933-a0e8-17bd3eb03eb5' User entered '97.2'	System	27 Sep 2020 15:06:49

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-27T11:06:42', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '99619bf3-3d3e-4933-a0e8-17bd3eb03eb5'	System	27 Sep 2020 15:06:49
User entered 'No (N)'	System	27 Sep 2020 15:06:49

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 09:23:04

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-27T11:06:46', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '99619bf3-3d3e-4933-a0e8-17bd3eb03eb5'	System	27 Sep 2020 15:06:49
User entered '27 Sep 2020 11:06'	System	27 Sep 2020 15:06:49

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '26 Sep 2020 12:00'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '27 Sep 2020 11:59'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	21 Sep 2020 13:08:41
User entered 'Day 7'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '27 Sep 2020 12:00'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Sep 2020 11:59'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	21 Sep 2020 13:08:41
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

[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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-21T09:35:20', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'b0f86978-73a0-495d-bae5-487e98dd3d8e'	System	21 Sep 2020 13:36:00
User entered 'None (1)'	System	21 Sep 2020 13:36:00

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-21T09:35:38', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'b0f86978-73a0-495d-bae5-487e98dd3d8e'	System	21 Sep 2020 13:36:00
User entered 'No (N)'	System	21 Sep 2020 13:36:00

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-21T09:35:48', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'b0f86978-73a0-495d-bae5-487e98dd3d8e'	System	21 Sep 2020 13:36:00
User entered 'No (N)'	System	21 Sep 2020 13:36:00

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-21T09:35:54', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'b0f86978-73a0-495d-bae5-487e98dd3d8e'	System	21 Sep 2020 13:36:00
User entered 'None (1)'	System	21 Sep 2020 13:36:00

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-21T09:35:57', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'b0f86978-73a0-495d-bae5-487e98dd3d8e'	System	21 Sep 2020 13:36:00
User entered '21 Sep 2020 09:35'	System	21 Sep 2020 13:36:00

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '21 Sep 2020 09:18'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '21 Sep 2020 11:48'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	21 Sep 2020 13:08:41
User entered 'Day 1, after vaccination (at home)'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

[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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-22T07:33:41', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'd2fade66-5147-440e-afb0-bfa4aa3a33a7'	System	22 Sep 2020 11:36:19
User entered 'Does not interfere with activity (2)'	System	22 Sep 2020 11:36:19

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-22T07:35:05', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'd2fade66-5147-440e-afb0-bfa4aa3a33a7'	System	22 Sep 2020 11:36:19
User entered 'No (N)'	System	22 Sep 2020 11:36:19

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-22T07:35:15', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'd2fade66-5147-440e-afb0-bfa4aa3a33a7'	System	22 Sep 2020 11:36:19
User entered 'Yes (Y)'	System	22 Sep 2020 11:36:19

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

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

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-22T07:36:02', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'd2fade66-5147-440e-afb0-bfa4aa3a33a7' User entered '5'	System	22 Sep 2020 11:36:19
	System	22 Sep 2020 11:36:19

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-22T07:36:12', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'd2fade66-5147-440e-afb0-bfa4aa3a33a7'	System	22 Sep 2020 11:36:19
User entered 'None (1)'	System	22 Sep 2020 11:36:19

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-22T07:36:17', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'd2fade66-5147-440e-afb0-bfa4aa3a33a7'	System	22 Sep 2020 11:36:19
User entered '22 Sep 2020 07:36'	System	22 Sep 2020 11:36:19

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '21 Sep 2020 12:43'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '22 Sep 2020 11:59'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	21 Sep 2020 13:08:41
User entered 'Day 2'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:23:04

[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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-23T09:10:03', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '616aa104-997e-4a73-a867-3cfd60042e3d'	System	23 Sep 2020 13:10:21
User entered 'Does not interfere with activity (2)'	System	23 Sep 2020 13:10:21

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:23:04

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-23T09:10:07', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '616aa104-997e-4a73-a867-3cfd60042e3d'	System	23 Sep 2020 13:10:21
User entered 'No (N)'	System	23 Sep 2020 13:10:21

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-23T09:10:11', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '616aa104-997e-4a73-a867-3cfd60042e3d'	System	23 Sep 2020 13:10:21
User entered 'No (N)'	System	23 Sep 2020 13:10:21

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:23:04

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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-23T09:10:15', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '616aa104-997e-4a73-a867-3cfd60042e3d'	System	23 Sep 2020 13:10:21
User entered 'None (1)'	System	23 Sep 2020 13:10:21

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:23:04

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-23T09:10:18', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '616aa104-997e-4a73-a867-3cfd60042e3d'	System	23 Sep 2020 13:10:21
User entered '23 Sep 2020 09:10'	System	23 Sep 2020 13:10:21

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '22 Sep 2020 12:00'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '23 Sep 2020 11:59'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	21 Sep 2020 13:08:41
User entered 'Day 3'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '23 Sep 2020 12:00'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '24 Sep 2020 11:59'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	21 Sep 2020 13:08:41
User entered 'Day 4'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:23:04

[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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-24T18:38:48', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'f48851eb-8d1c-4423-9c67-60e426d783bd'	System	24 Sep 2020 22:39:03
User entered 'Does not interfere with activity (2)'	System	24 Sep 2020 22:39:03

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-24T18:38:51', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'f48851eb-8d1c-4423-9c67-60e426d783bd'	System	24 Sep 2020 22:39:03
User entered 'No (N)'	System	24 Sep 2020 22:39:03

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-24T18:38:54', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'f48851eb-8d1c-4423-9c67-60e426d783bd'	System	24 Sep 2020 22:39:03
User entered 'No (N)'	System	24 Sep 2020 22:39:03

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:23:04

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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-24T18:38:57', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'f48851eb-8d1c-4423-9c67-60e426d783bd' User entered 'None (1)'	System	24 Sep 2020 22:39:03
	System	24 Sep 2020 22:39:03

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:23:04

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-24T18:38:59', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'f48851eb-8d1c-4423-9c67-60e426d783bd' User entered '24 Sep 2020 18:38'	System	24 Sep 2020 22:39:03

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '24 Sep 2020 12:00'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '25 Sep 2020 11:59'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:23:04

[TIMEPOINT](#)

Audit	User	Time (GMT)
Data entry locked.	System	21 Sep 2020 13:08:41
User entered 'Day 5'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:23:04

[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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-26T10:04:28', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'dfe3f9dd-992d-4b08-9921-ed21f79fe3f5'	System	26 Sep 2020 14:04:41
User entered 'Does not interfere with activity (2)'	System	26 Sep 2020 14:04:41

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:23:04

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-26T10:04:31', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'dfe3f9dd-992d-4b08-9921-ed21f79fe3f5'	System	26 Sep 2020 14:04:41
User entered 'No (N)'	System	26 Sep 2020 14:04:41

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-26T10:04:33', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'dfe3f9dd-992d-4b08-9921-ed21f79fe3f5'	System	26 Sep 2020 14:04:41
User entered 'No (N)'	System	26 Sep 2020 14:04:41

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:23:04

[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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-26T10:04:37', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'dfe3f9dd-992d-4b08-9921-ed21f79fe3f5'	System	26 Sep 2020 14:04:41
User entered 'None (1)'	System	26 Sep 2020 14:04:41

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:23:04

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-26T10:04:39', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'dfe3f9dd-992d-4b08-9921-ed21f79fe3f5'	System	26 Sep 2020 14:04:41
User entered '26 Sep 2020 10:04'	System	26 Sep 2020 14:04:41

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '25 Sep 2020 12:00'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '26 Sep 2020 11:59'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	21 Sep 2020 13:08:41
User entered 'Day 6'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:23:04

[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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-27T11:06:50', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '5f59e7a4-56b4-42e7-9b19-cc1db4abd708'	System	27 Sep 2020 15:08:27
User entered 'None (1)'	System	27 Sep 2020 15:08:27

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:23:04

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-27T11:06:53', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '5f59e7a4-56b4-42e7-9b19-cc1db4abd708'	System	27 Sep 2020 15:08:27
User entered 'No (N)'	System	27 Sep 2020 15:08:27

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-27T11:06:56', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '5f59e7a4-56b4-42e7-9b19-cc1db4abd708'	System	27 Sep 2020 15:08:27
User entered 'No (N)'	System	27 Sep 2020 15:08:27

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:23:04

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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-27T11:06:59', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '5f59e7a4-56b4-42e7-9b19-cc1db4abd708'	System	27 Sep 2020 15:08:27
User entered 'None (1)'	System	27 Sep 2020 15:08:27

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:23:04

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-27T11:07:01', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '5f59e7a4-56b4-42e7-9b19-cc1db4abd708'	System	27 Sep 2020 15:08:27
User entered '27 Sep 2020 11:07'	System	27 Sep 2020 15:08:27

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '26 Sep 2020 12:00'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '27 Sep 2020 11:59'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	21 Sep 2020 13:08:41
User entered 'Day 7'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '27 Sep 2020 12:00'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Sep 2020 11:59'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	21 Sep 2020 13:08:41
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-21T09:36:03', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'b66db681-2a59-4e5f-a434-00a611c837a0'	System	21 Sep 2020 13:36:28
User entered 'None (0)'	System	21 Sep 2020 13:36:28

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-21T09:36:06', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'b66db681-2a59-4e5f-a434-00a611c837a0'	System	21 Sep 2020 13:36:28
User entered 'None (0)'	System	21 Sep 2020 13:36:28

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-21T09:36:10', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'b66db681-2a59-4e5f-a434-00a611c837a0'	System	21 Sep 2020 13:36:28
User entered 'None (0)'	System	21 Sep 2020 13:36:28

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-21T09:36:13', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'b66db681-2a59-4e5f-a434-00a611c837a0'	System	21 Sep 2020 13:36:28
User entered 'None (0)'	System	21 Sep 2020 13:36:28

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-21T09:36:15', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'b66db681-2a59-4e5f-a434-00a611c837a0'	System	21 Sep 2020 13:36:28
User entered 'None (0)'	System	21 Sep 2020 13:36:28

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-21T09:36:18', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'b66db681-2a59-4e5f-a434-00a611c837a0'	System	21 Sep 2020 13:36:28
User entered 'None (0)'	System	21 Sep 2020 13:36:28

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-21T09:36:22', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'b66db681-2a59-4e5f-a434-00a611c837a0'	System	21 Sep 2020 13:36:28
User entered 'No (N)'	System	21 Sep 2020 13:36:28

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-21T09:36:25', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'b66db681-2a59-4e5f-a434-00a611c837a0'	System	21 Sep 2020 13:36:28
User entered '21 Sep 2020 09:36'	System	21 Sep 2020 13:36:28

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '21 Sep 2020 09:18'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '21 Sep 2020 11:48'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	21 Sep 2020 13:08:41
User entered 'Day 1, after vaccination (at home)'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-22T07:36:40', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '4bf0ecad-f531-4fcc-a74f-19798fc0e6e0'	System	22 Sep 2020 11:37:42
User entered 'Repeated use of over-the-counter pain reliever > 24 hours or some interference with activity (2)'	System	22 Sep 2020 11:37:42

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-22T07:36:49', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '4bf0ecad-f531-4fcc-a74f-19798fc0e6e0'	System	22 Sep 2020 11:37:42
User entered 'Significant; prevents daily activity (3)'	System	22 Sep 2020 11:37:42

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-22T07:36:57', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '4bf0ecad-f531-4fcc-a74f-19798fc0e6e0'	System	22 Sep 2020 11:37:42
User entered 'Significant; prevents daily activity (3)'	System	22 Sep 2020 11:37:42

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-22T07:37:01', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '4bf0ecad-f531-4fcc-a74f-19798fc0e6e0'	System	22 Sep 2020 11:37:42
User entered 'Significant; prevents daily activity (3)'	System	22 Sep 2020 11:37:42

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-22T07:37:21', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '4bf0ecad-f531-4fcc-a74f-19798fc0e6e0'	System	22 Sep 2020 11:37:42
User entered 'Some interference with activity or >2 episodes/24 hours (2)'	System	22 Sep 2020 11:37:42

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-22T07:37:30', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '4bf0ecad-f531-4fcc-a74f-19798fc0e6e0'	System	22 Sep 2020 11:37:42
User entered 'Some interference with activity not requiring medical attention (2)'	System	22 Sep 2020 11:37:42

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-22T07:37:35', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '4bf0ecad-f531-4fcc-a74f-19798fc0e6e0'	System	22 Sep 2020 11:37:42
User entered 'No (N)'	System	22 Sep 2020 11:37:42

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-22T07:37:40', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '4bf0ecad-f531-4fcc-a74f-19798fc0e6e0'	System	22 Sep 2020 11:37:42
User entered '22 Sep 2020 07:37'	System	22 Sep 2020 11:37:42

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '21 Sep 2020 12:43'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '22 Sep 2020 11:59'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:23:04

[TIMEPOINT](#)

Audit	User	Time (GMT)
Data entry locked.	System	21 Sep 2020 13:08:41
User entered 'Day 2'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:23:04

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-23T09:10:28', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'be175fc2-1fa4-4b44-a811-47a871cad891'	System	23 Sep 2020 13:11:19
User entered 'No interference with activity (1)'	System	23 Sep 2020 13:11:19

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:23:04

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-23T09:10:34', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'be175fc2-1fa4-4b44-a811-47a871cad891'	System	23 Sep 2020 13:11:19
User entered 'Some interference with activity (2)'	System	23 Sep 2020 13:11:19

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:23:04

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-23T09:10:45', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'be175fc2-1fa4-4b44-a811-47a871cad891'	System	23 Sep 2020 13:11:19
User entered 'No interference with activity (1)'	System	23 Sep 2020 13:11:19

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:23:04

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-23T09:10:49', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'be175fc2-1fa4-4b44-a811-47a871cad891'	System	23 Sep 2020 13:11:19
User entered 'No interference with activity (1)'	System	23 Sep 2020 13:11:19

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:23:04

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-23T09:10:53', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'be175fc2-1fa4-4b44-a811-47a871cad891'	System	23 Sep 2020 13:11:19
User entered 'None (0)'	System	23 Sep 2020 13:11:19

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:23:04

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-23T09:11:09', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'be175fc2-1fa4-4b44-a811-47a871cad891'	System	23 Sep 2020 13:11:19
User entered 'None (0)'	System	23 Sep 2020 13:11:19

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:23:04

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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-23T09:11:12', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'be175fc2-1fa4-4b44-a811-47a871cad891'	System	23 Sep 2020 13:11:19
User entered 'No (N)'	System	23 Sep 2020 13:11:19

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:23:04

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-23T09:11:16', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'be175fc2-1fa4-4b44-a811-47a871cad891'	System	23 Sep 2020 13:11:19
User entered '23 Sep 2020 09:11'	System	23 Sep 2020 13:11:19

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '22 Sep 2020 12:00'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '23 Sep 2020 11:59'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	21 Sep 2020 13:08:41
User entered 'Day 3'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '23 Sep 2020 12:00'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '24 Sep 2020 11:59'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	21 Sep 2020 13:08:41
User entered 'Day 4'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:23:04

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-24T18:39:18', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'e3447d00-e263-46e8-8392-965b92c841eb'	System	24 Sep 2020 22:39:50
User entered 'No interference with activity (1)'	System	24 Sep 2020 22:39:50

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:23:04

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-24T18:39:25', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'e3447d00-e263-46e8-8392-965b92c841eb' User entered 'None (0)'	System	24 Sep 2020 22:39:50
	System	24 Sep 2020 22:39:50

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:23:04

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-24T18:39:30', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'e3447d00-e263-46e8-8392-965b92c841eb' User entered 'None (0)'	System	24 Sep 2020 22:39:50
	System	24 Sep 2020 22:39:50

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:23:04

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-24T18:39:33', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'e3447d00-e263-46e8-8392-965b92c841eb' User entered 'None (0)'	System	24 Sep 2020 22:39:50
	System	24 Sep 2020 22:39:50

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:23:04

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-24T18:39:37', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'e3447d00-e263-46e8-8392-965b92c841eb' User entered 'None (0)'	System	24 Sep 2020 22:39:50

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:23:04

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-24T18:39:40', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'e3447d00-e263-46e8-8392-965b92c841eb' User entered 'None (0)'	System	24 Sep 2020 22:39:50
	System	24 Sep 2020 22:39:50

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:23:04

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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-24T18:39:43', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'e3447d00-e263-46e8-8392-965b92c841eb'	System	24 Sep 2020 22:39:50
User entered 'No (N)'	System	24 Sep 2020 22:39:50

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:23:04

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-24T18:39:46', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'e3447d00-e263-46e8-8392-965b92c841eb' User entered '24 Sep 2020 18:39'	System	24 Sep 2020 22:39:50
	System	24 Sep 2020 22:39:50

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '24 Sep 2020 12:00'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '25 Sep 2020 11:59'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	21 Sep 2020 13:08:41
User entered 'Day 5'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:23:04

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-26T10:04:45', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'ecfbffcf-5fce-489d-867e-218086050afe'	System	26 Sep 2020 14:05:14
User entered 'None (0)'	System	26 Sep 2020 14:05:14

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:23:04

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-26T10:04:48', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'ecfbffcf-5fce-489d-867e-218086050afe'	System	26 Sep 2020 14:05:14
User entered 'No interference with activity (1)'	System	26 Sep 2020 14:05:14

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:23:04

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-26T10:04:56', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'ecfbffcf-5fce-489d-867e-218086050afe'	System	26 Sep 2020 14:05:14
User entered 'None (0)'	System	26 Sep 2020 14:05:14

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:23:04

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-26T10:05:01', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'ecfbffcf-5fce-489d-867e-218086050afe'	System	26 Sep 2020 14:05:14
User entered 'No interference with activity (1)'	System	26 Sep 2020 14:05:14

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:23:04

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-26T10:05:04', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'ecfbffcf-5fce-489d-867e-218086050afe'	System	26 Sep 2020 14:05:14
User entered 'None (0)'	System	26 Sep 2020 14:05:14

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:23:04

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-26T10:05:06', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'ecfbffcf-5fce-489d-867e-218086050afe'	System	26 Sep 2020 14:05:14
User entered 'None (0)'	System	26 Sep 2020 14:05:14

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:23:04

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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-26T10:05:08', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'ecfbffcf-5fce-489d-867e-218086050afe'	System	26 Sep 2020 14:05:14
User entered 'No (N)'	System	26 Sep 2020 14:05:14

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:23:04

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-26T10:05:11', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: 'ecfbffcf-5fce-489d-867e-218086050afe'	System	26 Sep 2020 14:05:14
User entered '26 Sep 2020 10:05'	System	26 Sep 2020 14:05:14

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '25 Sep 2020 12:00'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '26 Sep 2020 11:59'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:23:04

[TIMEPOINT](#)

Audit	User	Time (GMT)
Data entry locked.	System	21 Sep 2020 13:08:41
User entered 'Day 6'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:23:04

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-27T11:07:06', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '6ead0ed6-9550-44e5-b5dd-82305f152f1b'	System	27 Sep 2020 15:08:27
User entered 'None (0)'	System	27 Sep 2020 15:08:27

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:23:04

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-27T11:07:08', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '6ead0ed6-9550-44e5-b5dd-82305f152f1b'	System	27 Sep 2020 15:08:27
User entered 'None (0)'	System	27 Sep 2020 15:08:27

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:23:04

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-27T11:07:10', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '6ead0ed6-9550-44e5-b5dd-82305f152f1b'	System	27 Sep 2020 15:08:27
User entered 'None (0)'	System	27 Sep 2020 15:08:27

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:23:04

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-27T11:07:12', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '6ead0ed6-9550-44e5-b5dd-82305f152f1b' User entered 'None (0)'	System	27 Sep 2020 15:08:27
	System	27 Sep 2020 15:08:27

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:23:04

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-27T11:07:14', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '6ead0ed6-9550-44e5-b5dd-82305f152f1b'	System	27 Sep 2020 15:08:27
User entered 'None (0)'	System	27 Sep 2020 15:08:27

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:23:04

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-27T11:07:16', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '6ead0ed6-9550-44e5-b5dd-82305f152f1b' User entered 'None (0)'	System	27 Sep 2020 15:08:27
	System	27 Sep 2020 15:08:27

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:23:04

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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-27T11:07:18', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '6ead0ed6-9550-44e5-b5dd-82305f152f1b'	System	27 Sep 2020 15:08:27
User entered 'No (N)'	System	27 Sep 2020 15:08:27

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:23:04

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-09-27T11:07:21', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '6ead0ed6-9550-44e5-b5dd-82305f152f1b' User entered '27 Sep 2020 11:07'	System	27 Sep 2020 15:08:27
	System	27 Sep 2020 15:08:27

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '26 Sep 2020 12:00'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '27 Sep 2020 11:59'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	21 Sep 2020 13:08:41
User entered 'Day 7'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:23:04

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '27 Sep 2020 12:00'	System	21 Sep 2020 13:08:41

US3432242

Folder: Diary Dose 2 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:23:04

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '28 Sep 2020 11:59'	System	21 Sep 2020 13:08:41

US3432242

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	28 Sep 2020 18:39:10

US3432242

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '28 Sep 2020'	(b) (4), (b) (6)	28 Sep 2020 18:39:10

US3432242

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	28 Sep 2020 18:39:10

US3432242

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	28 Sep 2020 18:39:10

US3432242

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	06 Oct 2020 12:45:41

US3432242

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:23:04

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	06 Oct 2020 12:45:41

US3432242

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kathleen Garvey (b) (4) (b) (4)	07 Oct 2020 14:23:28

US3432242

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '7 Oct 2020'	Kathleen Garvey (b) (4) (b) (4)	07 Oct 2020 14:23:28

US3432242

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Kathleen Garvey (b) (4) (b) (4)	07 Oct 2020 14:23:28

US3432242

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Kathleen Garvey (b) (4) (b) (4)	07 Oct 2020 14:23:28

US3432242

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kathleen Garvey (b) (4) (b) (4)	07 Oct 2020 14:23:33

US3432242

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:23:04

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	07 Oct 2020 14:23:33

US3432242

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	13 Oct 2020 14:37:47

US3432242

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '13 Oct 2020'	(b) (4), (b) (6)	13 Oct 2020 14:37:47

US3432242

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	13 Oct 2020 14:37:47

US3432242

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	13 Oct 2020 14:37:47

US3432242

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	13 Oct 2020 14:38:22

US3432242

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:23:04

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	13 Oct 2020 14:38:22

US3432242

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 09:23:04

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	23 Oct 2020 20:25:45

US3432242

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '23 Oct 2020'	(b) (4), (b) (6)	23 Oct 2020 20:25:45

US3432242

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	(b) (4), (b) (6)	23 Oct 2020 20:25:45

US3432242

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 09:23:04

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'VISIT3'	System	23 Oct 2020 20:25:45

US3432242

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	23 Oct 2020 20:27:51

US3432242

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

[Date of assessment \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered '23 Oct 2020'	(b) (4), (b) (6)	23 Oct 2020 20:27:51

US3432242

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '08:06'	(b) (4), (b) (6)	23 Oct 2020 20:27:51

US3432242

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '23 Oct 2020 08:06'	System	23 Oct 2020 20:27:51

US3432242

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '97.1' F	(b) (4), (b) (6)	23 Oct 2020 20:27:51

US3432242

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Other (Other)'	(b) (4), (b) (6)	23 Oct 2020 20:27:51

US3432242

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

[If Other, specify](#)

Audit	User	Time (GMT)
User entered 'Infra-red'	(b) (4), (b) (6)	23 Oct 2020 20:27:51

US3432242

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '58'	(b) (4), (b) (6)	23 Oct 2020 20:27:51

US3432242

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	23 Oct 2020 20:27:51

US3432242

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '14'	(b) (4), (b) (6)	23 Oct 2020 20:27:51

US3432242

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	23 Oct 2020 20:27:51

US3432242

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '126'	(b) (4), (b) (6)	23 Oct 2020 20:27:51

US3432242

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	23 Oct 2020 20:27:51

US3432242

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '065'	(b) (4), (b) (6)	23 Oct 2020 20:27:51

US3432242

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:23:04

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	23 Oct 2020 20:27:51

US3432242

Folder: Visit 3 Day 57 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 09:23:04

[Was the physical examination performed?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	23 Oct 2020 20:27:59

US3432242

Folder: Visit 3 Day 57 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 09:23:04

Date of examination (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	23 Oct 2020 20:27:59

US3432242

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:23:04

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	23 Oct 2020 20:29:37

US3432242

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:23:04

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '23 Oct 2020'	(b) (4), (b) (6)	23 Oct 2020 20:29:37

US3432242

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '08:33'	(b) (4), (b) (6)	23 Oct 2020 20:29:37

US3432242

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '23 Oct 2020 08:33'	System	23 Oct 2020 20:29:37

US3432242

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	23 Oct 2020 20:29:43

US3432242

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:23:04

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	23 Oct 2020 20:29:43

US3432242

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	22 Aug 2020 13:43:33
User entered 'Day 64'	System	22 Aug 2020 13:43:33

US3432242

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-10-22T11:33:52', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '49efbbaa-e216-473d-8aba-208181049705'	System	22 Oct 2020 15:34:48
User entered 'Yes (Y)'	System	22 Oct 2020 15:34:48

US3432242

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

Have you been exposed to someone with 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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-10-22T11:34:05', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '49efbbaa-e216-473d-8aba-208181049705'	System	22 Oct 2020 15:34:48
User entered 'No (N)'	System	22 Oct 2020 15:34:48

US3432242

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-10-22T11:34:10', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '49efbbaa-e216-473d-8aba-208181049705'	System	22 Oct 2020 15:34:48
User entered 'No (N)'	System	22 Oct 2020 15:34:48

US3432242

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-10-22T11:34:17', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '49efbbaa-e216-473d-8aba-208181049705'	System	22 Oct 2020 15:34:48
User entered 'Yes (Y)'	System	22 Oct 2020 15:34:48

US3432242

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-10-22T11:34:29', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '49efbbaa-e216-473d-8aba-208181049705'	System	22 Oct 2020 15:34:48
User entered 'I confirm I have read this message and will call the study clinic immediately (9)'	System	22 Oct 2020 15:34:48

US3432242

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-10-22T11:34:36', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '49efbbaa-e216-473d-8aba-208181049705' User entered '22 Oct 2020 11:34:36'	System	22 Oct 2020 15:34:48
	System	22 Oct 2020 15:34:48

US3432242

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	22 Aug 2020 13:43:33
User entered '22 Oct 2020 00:01'	System	22 Aug 2020 13:43:33

US3432242

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	22 Aug 2020 13:43:33
User entered '26 Oct 2020 23:59'	System	22 Aug 2020 13:43:33

US3432242

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	22 Aug 2020 13:43:33
User entered 'Day 71'	System	22 Aug 2020 13:43:33

US3432242

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-10-29T23:00:42', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '561f4e16-76e5-43db-aa2f-a8a8466623a6'	System	30 Oct 2020 03:00:53
User entered 'No (N)'	System	30 Oct 2020 03:00:53

US3432242

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

Have you been exposed to someone with 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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-10-29T23:00:46', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '561f4e16-76e5-43db-aa2f-a8a8466623a6'	System	30 Oct 2020 03:00:53
User entered 'No (N)'	System	30 Oct 2020 03:00:53

US3432242

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-10-29T23:00:51', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '561f4e16-76e5-43db-aa2f-a8a8466623a6' User entered '29 Oct 2020 23:00:51'	System	30 Oct 2020 03:00:53
	System	30 Oct 2020 03:00:53

US3432242

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	22 Aug 2020 13:43:33
User entered '29 Oct 2020 00:01'	System	22 Aug 2020 13:43:33

US3432242

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	22 Aug 2020 13:43:33
User entered '02 Nov 2020 23:59'	System	22 Aug 2020 13:43:33

US3432242

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	22 Aug 2020 13:43:33
User entered 'Day 78'	System	22 Aug 2020 13:43:33

US3432242

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-11-05T11:34:40', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '60f0d42b-c3ad-4d40-ba55-f385eb9785ee'	System	05 Nov 2020 16:34:54
User entered 'No (N)'	System	05 Nov 2020 16:34:54

US3432242

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

Have you been exposed to someone with 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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-11-05T11:34:44', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '60f0d42b-c3ad-4d40-ba55-f385eb9785ee'	System	05 Nov 2020 16:34:54
User entered 'No (N)'	System	05 Nov 2020 16:34:54

US3432242

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-11-05T11:34:48', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '60f0d42b-c3ad-4d40-ba55-f385eb9785ee' User entered '05 Nov 2020 11:34:48'	System	05 Nov 2020 16:34:54
	System	05 Nov 2020 16:34:54

US3432242

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	22 Aug 2020 13:43:33
User entered '05 Nov 2020 00:01'	System	22 Aug 2020 13:43:33

US3432242

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	22 Aug 2020 13:43:33
User entered '09 Nov 2020 23:59'	System	22 Aug 2020 13:43:33

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 61'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '19 Oct 2020 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '23 Oct 2020 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 68'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '26 Oct 2020 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '30 Oct 2020 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 75'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '02 Nov 2020 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '06 Nov 2020 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 82'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '09 Nov 2020 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '13 Nov 2020 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 89'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-11-19T22:02:50', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '0f8dffa7-4d07-43ad-9256-6113e8476c28'	System	20 Nov 2020 03:03:11
User entered 'No (N)'	System	20 Nov 2020 03:03:11

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

Have you been exposed to someone with 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 (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-11-19T22:02:59', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '0f8dffa7-4d07-43ad-9256-6113e8476c28'	System	20 Nov 2020 03:03:11
User entered 'No (N)'	System	20 Nov 2020 03:03:11

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (F4AA601E-73AE-4A5B-9023-5DD78747036A)', Time: '2020-11-19T22:03:04', User OID: 'PatientReportedOutcome (US3432242)', ODM File OID: '0f8dffa7-4d07-43ad-9256-6113e8476c28'	System	20 Nov 2020 03:03:11
User entered '19 Nov 2020 22:03:04'	System	20 Nov 2020 03:03:11

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '16 Nov 2020 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '20 Nov 2020 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 96'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '23 Nov 2020 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '27 Nov 2020 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 103'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '30 Nov 2020 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '04 Dec 2020 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 110'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '07 Dec 2020 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '11 Dec 2020 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 117'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '14 Dec 2020 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '18 Dec 2020 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 124'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '21 Dec 2020 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '25 Dec 2020 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 131'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '28 Dec 2020 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '01 Jan 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 138'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '04 Jan 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '08 Jan 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 145'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '11 Jan 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '15 Jan 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 152'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '18 Jan 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '22 Jan 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 159'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '25 Jan 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '29 Jan 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 166'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '01 Feb 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '05 Feb 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 173'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '08 Feb 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '12 Feb 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 180'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '15 Feb 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '19 Feb 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 187'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '22 Feb 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '26 Feb 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 194'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '01 Mar 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '05 Mar 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 201'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '08 Mar 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '12 Mar 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 208'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '15 Mar 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '19 Mar 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 215'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '22 Mar 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '26 Mar 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 222'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '29 Mar 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '02 Apr 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 229'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '05 Apr 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '09 Apr 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 236'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '12 Apr 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '16 Apr 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 243'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '19 Apr 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '23 Apr 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 250'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '26 Apr 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '30 Apr 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 257'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '03 May 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '07 May 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 264'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '10 May 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '14 May 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 271'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '17 May 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '21 May 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 278'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '24 May 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '28 May 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 285'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '31 May 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '04 Jun 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 292'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '07 Jun 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '11 Jun 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 299'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '14 Jun 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '18 Jun 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 306'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '21 Jun 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '25 Jun 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 313'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '28 Jun 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '02 Jul 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 320'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '05 Jul 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '09 Jul 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 327'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '12 Jul 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '16 Jul 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 334'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '19 Jul 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '23 Jul 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 341'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '26 Jul 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '30 Jul 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 348'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '02 Aug 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '06 Aug 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 355'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '09 Aug 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '13 Aug 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 362'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '16 Aug 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '20 Aug 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 369'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '23 Aug 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '27 Aug 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 376'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '30 Aug 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '03 Sep 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 383'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '06 Sep 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '10 Sep 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 390'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '13 Sep 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '17 Sep 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 397'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '20 Sep 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '24 Sep 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 404'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '27 Sep 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '01 Oct 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 411'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '04 Oct 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '08 Oct 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 418'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '11 Oct 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '15 Oct 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 425'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '18 Oct 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '22 Oct 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 432'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '25 Oct 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '29 Oct 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 439'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '01 Nov 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '05 Nov 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 446'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '08 Nov 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '12 Nov 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 453'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '15 Nov 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '19 Nov 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 460'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '22 Nov 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '26 Nov 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 467'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '29 Nov 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '03 Dec 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 474'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '06 Dec 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '10 Dec 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 481'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '13 Dec 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '17 Dec 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 488'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '20 Dec 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '24 Dec 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 495'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '27 Dec 2021 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '31 Dec 2021 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 502'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '03 Jan 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '07 Jan 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 509'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '10 Jan 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '14 Jan 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 516'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '17 Jan 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '21 Jan 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 523'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '24 Jan 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '28 Jan 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 530'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '31 Jan 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '04 Feb 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 537'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '07 Feb 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '11 Feb 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 544'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '14 Feb 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '18 Feb 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 551'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '21 Feb 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '25 Feb 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 558'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '28 Feb 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '04 Mar 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 565'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '07 Mar 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '11 Mar 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 572'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '14 Mar 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '18 Mar 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 579'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '21 Mar 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '25 Mar 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 586'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '28 Mar 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '01 Apr 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 593'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '04 Apr 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '08 Apr 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 600'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '11 Apr 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '15 Apr 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 607'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '18 Apr 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '22 Apr 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 614'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '25 Apr 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '29 Apr 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 621'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '02 May 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '06 May 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 628'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '09 May 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '13 May 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 635'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '16 May 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '20 May 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 642'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '23 May 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '27 May 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 649'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '30 May 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '03 Jun 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 656'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '06 Jun 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '10 Jun 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 663'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '13 Jun 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '17 Jun 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 670'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '20 Jun 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '24 Jun 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 677'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '27 Jun 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '01 Jul 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 684'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '04 Jul 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '08 Jul 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 691'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '11 Jul 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '15 Jul 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 698'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '18 Jul 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '22 Jul 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 705'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '25 Jul 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '29 Jul 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 712'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '01 Aug 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '05 Aug 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 719'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '08 Aug 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '12 Aug 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 726'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '15 Aug 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '19 Aug 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 733'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '22 Aug 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '26 Aug 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 740'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '29 Aug 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '02 Sep 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 747'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '05 Sep 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '09 Sep 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 754'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '12 Sep 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '16 Sep 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 761'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '19 Sep 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '23 Sep 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 768'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '26 Sep 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '30 Sep 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 775'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '03 Oct 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '07 Oct 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 782'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '10 Oct 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '14 Oct 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 789'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '17 Oct 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '21 Oct 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered 'Day 796'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '24 Oct 2022 00:01'	System	20 Nov 2020 01:11:30

US3432242

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:23:04

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 01:11:30
Amendment Manager: User entered '28 Oct 2022 23:59'	System	20 Nov 2020 01:11:30

US3432242

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	13 Nov 2020 20:42:49

US3432242

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '13 Nov 2020'	(b) (4), (b) (6)	13 Nov 2020 20:42:49

US3432242

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	13 Nov 2020 20:42:49

US3432242

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:23:04

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	13 Nov 2020 20:42:49

US3432242

Folder: Safety Call Day 85 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	13 Nov 2020 20:42:53

US3432242

Folder: Safety Call Day 85 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:23:04

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	13 Nov 2020 20:42:53

US3432242

Folder: Covid-19 Assessment 31 Oct 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 09:23:04

[Date of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'made in error. no data needed' (Site from System).	Monica Feeley (b) (4)	10 Nov 2020 21:41:37
User opened query 'Data is required. Please complete.' (Site from System).	System	02 Nov 2020 21:11:35
User entered empty; reason for change Data Entry Error	Xhoi Mitre (b) (4)	02 Nov 2020 21:11:35
User entered '31 Oct 2020'	Xhoi Mitre (b) (4)	02 Nov 2020 20:56:23

US3432242

Folder: Covid-19 Assessment 31 Oct 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 09:23:04

[Time of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'made in error. no data needed' (Site from System).	Monica Feeley (b) (4)	10 Nov 2020 21:41:40
User opened query 'Data is required. Please complete.' (Site from System).	System	02 Nov 2020 21:11:35
User entered empty; reason for change Data Entry Error	Xhoi Mitre (b) (4)	02 Nov 2020 21:11:35
User entered '10:05'	Xhoi Mitre (b) (4)	02 Nov 2020 20:56:23

US3432242

Folder: Covid-19 Assessment 31 Oct 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 09:23:04

[Date and Time of Contact \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	02 Nov 2020 21:11:35
User entered '31 Oct 2020 10:05'	System	02 Nov 2020 20:56:23

US3432242

Folder: Covid-19 Assessment 31 Oct 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 09:23:04

[Type of Contact](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'made in error. no data needed' (Site from System).	Monica Feeley (b) (4)	10 Nov 2020 21:41:41
User opened query 'Data is required. Please complete.' (Site from System).	System	02 Nov 2020 21:11:35
User entered empty; reason for change Data Entry Error	Xhoi Mitre (b) (4)	02 Nov 2020 21:11:35
User entered 'Clinical Visit - Unscheduled (Clinical Visit - Unscheduled)'	Xhoi Mitre (b) (4)	02 Nov 2020 20:56:23

US3432242

Folder: Covid-19 Assessment 31 Oct 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 09:23:04

[Has the subject reported symptoms of SARS-COV-2?](#)

Audit	User	Time (GMT)
Query 'Data is required. Please complete.' answered with 'made in error. no data needed' (Site from System).	Monica Feeley (b) (4)	10 Nov 2020 21:41:44
User opened query 'Data is required. Please complete.' (Site from System).	System	02 Nov 2020 21:11:35
User entered empty; reason for change Data Entry Error	Xhoi Mitre (b) (4)	02 Nov 2020 21:11:35
User entered 'Yes (Y)'	Xhoi Mitre (b) (4)	02 Nov 2020 20:56:23

US3432242

Folder: Adverse Events

Form: Adverse Events Summary

Generated On: 26 Nov 2020 09:23:04

[Did the participant experience any adverse events?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:00:59
User entered 'Yes (Y)'	Xhoi Mitre (b) (4) (b) (4)	17 Oct 2020 20:43:41

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

[AEID](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:01:09
Reviewed for Safety.	(b) (4), (b) (6)	19 Oct 2020 16:16:07
User entered 'USA-US078-2020-mRNA-1273-P301000006'	System	19 Oct 2020 16:15:55
User entered 'New'	(b) (4), (b) (6)	19 Oct 2020 16:15:55

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

[Adverse event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:02:01
User coded data point as SOC: Neoplasms benign, malignant and unspecified (incl cysts and polyps), HLGT: Leukaemias, HLT: Leukaemias chronic lymphocytic, PT: Chronic lymphocytic leukaemia, LLT: Chronic lymphocytic leukemia - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	18 Oct 2020 02:25:29
User coded data point as Term Coded data point by User: (b) (6) version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	18 Oct 2020 02:25:29
Data point term sent to Coder	System	17 Oct 2020 20:49:08
User entered 'CLL - Chronic lymphocytic leukemia' reason for change: Data Entry Error	Xhoi Mitre (b) (4) (b) (4)	17 Oct 2020 20:48:11
Data point term sent to Coder	System	17 Oct 2020 20:48:07
User entered 'CLL'	Xhoi Mitre (b) (4) (b) (4)	17 Oct 2020 20:47:26

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

[Was this a medically-attended AE?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:02:04
User entered 'Yes (Y)'	Xhoi Mitre (b) (4) (b) (4)	17 Oct 2020 20:47:26

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

[Was this a Solicited Adverse Reaction?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:02:06
User entered 'No (N)'	Xhoi Mitre (b) (4) (b) (4)	17 Oct 2020 20:47:26

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

[Is this event a confirmed diagnosis of Symptomatic Covid-19?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:02:08
User entered 'No (N)'	Xhoi Mitre (b) (4) (b) (4)	17 Oct 2020 20:47:26

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:02:13
User entered '8 Oct 2020'	Xhoi Mitre (b) (4)	17 Oct 2020 20:47:26
	(b) (4)	

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:02:15
User entered empty.	Xhoi Mitre (b) (4)	17 Oct 2020 20:47:26
	(b) (4)	

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

[AE start date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	17 Oct 2020 20:47:26

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

[Ongoing?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:02:18
User entered 'Yes (Y)'	Xhoi Mitre (b) (4)	17 Oct 2020 20:47:26
	(b) (4)	

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

If not Ongoing, end date (dd MMM yyyy)

Audit	User	Time (GMT)
User closed query 'PV Query: Please provide the event end date (recovered, returned to baseline, or, in the investigator's opinion, a new baseline has been achieved), when available.' (Site from Safety).	(b) (4), (b) (6)	02 Nov 2020 13:55:18
Query 'PV Query: Please provide the event end date (recovered, returned to baseline, or, in the investigator's opinion, a new baseline has been achieved), when available.' answered with 'unlikely to resolve' (Site from Safety).	Monica Feeley (b) (4)	30 Oct 2020 13:13:58
User opened query 'PV Query: Please provide the event end date (recovered, returned to baseline, or, in the investigator's opinion, a new baseline has been achieved), when available.' (Site from Safety).	(b) (4), (b) (6)	26 Oct 2020 19:18:01
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:02:20
User entered empty.	Xhoi Mitre (b) (4)	17 Oct 2020 20:47:26

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:02:22
User entered empty.	Xhoi Mitre (b) (4)	17 Oct 2020 20:47:26
	(b) (4)	

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

[AE End Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	17 Oct 2020 20:47:26

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

[Severity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:02:23
User entered 'Grade 2/Moderate (Grade 2/Moderate)'	Xhoi Mitre (b) (4) (b) (4)	17 Oct 2020 20:47:26

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

[Is the adverse event serious?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:02:26
User entered 'Yes (Y)'	Xhoi Mitre (b) (4)	17 Oct 2020 20:47:26
	(b) (4)	

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

[Death](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:02:27
User entered '0'	Xhoi Mitre (b) (4)	17 Oct 2020 20:47:26
	(b) (4)	

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

[Life threatening](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:02:29
User entered '0'	Xhoi Mitre (b) (4)	17 Oct 2020 20:47:26
	(b) (4)	

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:02:31
User entered '0'	Xhoi Mitre (b) (4) (b) (4)	17 Oct 2020 20:47:26

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

[Hospital Admission Date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:02:32
User entered empty.	Xhoi Mitre (b) (4) (b) (4)	17 Oct 2020 20:47:26

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

[Hospital Discharge Date \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:02:34
User entered empty.	Xhoi Mitre (b) (4)	17 Oct 2020 20:47:26
	(b) (4)	

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

[Admitted to ICU?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:02:36
User entered empty.	Xhoi Mitre (b) (4)	17 Oct 2020 20:47:26
	(b) (4)	

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

[Number of Days in ICU](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:02:38
User entered empty.	Xhoi Mitre (b) (4)	17 Oct 2020 20:47:26
	(b) (4)	

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:02:39
User entered '0'	Xhoi Mitre (b) (4) (b) (4)	17 Oct 2020 20:47:26

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:02:41
User entered '0'	Xhoi Mitre (b) (4)	17 Oct 2020 20:47:26
	(b) (4)	

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

[Other medically important event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:02:42
User entered '1'	Xhoi Mitre (b) (4)	17 Oct 2020 20:47:26
	(b) (4)	

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

[Relationship to investigational product](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:02:44
User entered 'Not Related (NOT RELATED)'	Xhoi Mitre (b) (4) (b) (4)	17 Oct 2020 20:47:26

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

[Relationship to Study Procedure](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:02:47
User entered 'Not Related (NOT RELATED)'	Xhoi Mitre (b) (4) (b) (4)	17 Oct 2020 20:47:26

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

[Action taken with investigational product](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:02:48
User entered 'Not Applicable (NOT APPLICABLE)'	Xhoi Mitre (b) (4)	17 Oct 2020 20:48:46
reason for change: Data Entry Error	(b) (4)	
User entered 'None (NONE)'	Xhoi Mitre (b) (4)	17 Oct 2020 20:47:26
	(b) (4)	

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

None

Audit	User	Time (GMT)
User closed query 'Per DM CLR: Please review if treatments were given for this Serious AE as treatments are expected. If treatments were given, please update to record accordingly. Otherwise, clarify.' (Site from DM).	(b) (4), (b) (6)	23 Nov 2020 04:23:02
Query 'Per DM CLR: Please review if treatments were given for this Serious AE as treatments are expected. If treatments were given, please update to record accordingly. Otherwise, clarify.' answered with 'treatments were not given yet. We will update if treatments are given' (Site from DM).	Monica Feeley (b) (4)	30 Oct 2020 13:16:52
User opened query 'Per DM CLR: Please review if treatments were given for this Serious AE as treatments are expected. If treatments were given, please update to record accordingly. Otherwise, clarify.' (Site from DM).	(b) (4), (b) (6)	28 Oct 2020 23:04:54
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:02:51
User entered '1'	Xhoi Mitre (b) (4)	17 Oct 2020 20:47:26

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

[Concomitant Medication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:02:53
User entered '0'	Xhoi Mitre (b) (4)	17 Oct 2020 20:47:26
	(b) (4)	

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

[Concomitant Procedure](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:02:55
User entered '0'	Xhoi Mitre (b) (4)	17 Oct 2020 20:47:26
	(b) (4)	

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

[Outcome](#)

Audit	User	Time (GMT)
User closed query 'PV Query: Please provide the final event outcome, when available. If not expected to resolve, please confirm in your response. If resolution is expected, please keep query open until achieved.' (Site from Safety).	(b) (4), (b) (6)	02 Nov 2020 13:55:24
Query 'PV Query: Please provide the final event outcome, when available. If not expected to resolve, please confirm in your response. If resolution is expected, please keep query open until achieved.' answered with 'Not likely to resolve' (Site from Safety).	Monica Feeley (b) (4)	30 Oct 2020 13:15:11
User opened query 'PV Query: Please provide the final event outcome, when available. If not expected to resolve, please confirm in your response. If resolution is expected, please keep query open until achieved.' (Site from Safety).	(b) (4), (b) (6)	26 Oct 2020 19:18:32
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:02:57
User entered 'Not Recovered/Not Resolved (NOT RECOVERED/NOT RESOLVED)'	Xhoi Mitre (b) (4)	17 Oct 2020 20:47:26

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

[If outcome is Recovered/Resolved with Sequelae, please specify the sequelae:](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:02:59
User entered empty.	Xhoi Mitre (b) (4)	17 Oct 2020 20:47:26
	(b) (4)	

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

[Narrative](#)

Audit	User	Time (GMT)
User opened query 'PV Query: Please provide results of flow cytometry. Please leave query open until obtained.' (Site from Safety).	(b) (4), (b) (6)	09 Nov 2020 18:19:33
User opened query 'PV Query: Please report if the patient had any family history or personal risk factors for chronic lymphocytic leukemia. Please leave query open until obtained. ' (Site from Safety).	(b) (4), (b) (6)	09 Nov 2020 18:19:11
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 03:41:42
User closed query 'PV Query: Please report if the patient had any family history or personal risk factors for chronic lymphocytic leukemia.' (Site from Safety).	(b) (4), (b) (6)	02 Nov 2020 13:55:36
User closed query 'PV Query: Please provide treatment given for the event including medical intervention and/or surgical treatments. Please add any treatment medications to the concomitant medication eCRF (including dates of administration, dose, units, frequency, route and indication). If no treatment was provided, please state so.' (Site from Safety).	(b) (4), (b) (6)	02 Nov 2020 13:55:33
User closed query 'PV Query: Please provide any relevant laboratory and diagnostic test results. Please include units and reference ranges if applicable.' (Site from Safety).	(b) (4), (b) (6)	02 Nov 2020 13:55:30
DataPoint Un-verified.	Monica Feeley (b) (4)	30 Oct 2020 13:36:59
User entered 'ROUTINE CBC DONE ON SEPT 28TH IN PREPARATION FOR REGULAR PCP APPOINTMENT SHOWED LYMPHOCYTOSIS. BLOOD COUNT REPEATED ON 08OCT2020 WITH FLOW CYTOMETRY CONFIRMING CLL. HAS A PLANNED APPOINTMENT ON 11/11 WITH HEMATOLOGIST. 30OCT2020: WBC: 28SEP2020 17.6 x 10*3 / uL; 08OCT2020 21.3 x 10*3 / uL. Waiting for participant to send flow cytometry results' reason for change: Data Entry Error	Monica Feeley (b) (4)	30 Oct 2020 13:36:59

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

[Narrative](#)

Audit	User	Time (GMT)
Query 'PV Query: Please provide any relevant laboratory and diagnostic test results. Please include units and reference ranges if applicable.' answered with 'WBC: 28SEP2020 17.6 x 10*3 / uL; 08OCT2020 21.3 x 10*3 / uL Waiting for participant to send flow cytometry results. Participants next appointment is in November 2020' (Site from Safety).	Monica Feeley (b) (4)	30 Oct 2020 13:36:35
Query 'PV Query: Please report if the patient had any family history or personal risk factors for chronic lymphocytic leukemia.' answered with 'we will follow up with participant at next study visit to determine if there were any risk factors' (Site from Safety).	Monica Feeley (b) (4)	30 Oct 2020 13:17:14
Query 'PV Query: Please provide treatment given for the event including medical intervention and/or surgical treatments. Please add any treatment medications to the concomitant medication eCRF (including dates of administration, dose, units, frequency, route and indication). If no treatment was provided, please state so.' answered with 'No treatment provided thus far. Will update if treatment is given.' (Site from Safety).	Monica Feeley (b) (4)	30 Oct 2020 13:16:17
User opened query 'PV Query: Please report if the patient had any family history or personal risk factors for chronic lymphocytic leukemia.' (Site from Safety).	(b) (4), (b) (6)	26 Oct 2020 19:18:56
User opened query 'PV Query: Please provide treatment given for the event including medical intervention and/or surgical treatments. Please add any treatment medications to the concomitant medication eCRF (including dates of administration, dose, units, frequency, route and indication). If no treatment was provided, please state so.' (Site from Safety).	(b) (4), (b) (6)	26 Oct 2020 19:18:44
User opened query 'PV Query: Please provide any relevant laboratory and diagnostic test results. Please include units and reference ranges if applicable.' (Site from Safety).	(b) (4), (b) (6)	26 Oct 2020 19:18:18
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:03:01

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

[Narrative](#)

Audit	User	Time (GMT)
User entered 'Routine CBC done on sept 28th in preparation for regular PCP appointment showed lymphocytosis. Blood count repeated on 08Oct2020 with flow cytometry confirming CLL. Has a planned appointment on 11/11 with hematologist.'	Xhoi Mitre (b) (4)	17 Oct 2020 20:47:26

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

[Serious Adverse Event Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered '1'	System	17 Oct 2020 20:47:26

US3432242

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 09:23:04

[Medically Attended AE Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered '1'	System	17 Oct 2020 20:47:26

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination Summary

Generated On: 26 Nov 2020 09:23:04

[Were any prior/concomitant medications and/or vaccinations taken?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	06 Nov 2020 03:40:04
User entered 'Yes (Y)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:05:32

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:23:04

[Name of Medication](#)

Audit	User	Time (GMT)
User coded data point as ATC: CARDIOVASCULAR SYSTEM, ATC: LIPID MODIFYING AGENTS, ATC: LIPID MODIFYING AGENTS, PLAIN, ATC: HMG COA REDUCTASE INHIBITORS, PRODUCT: ATORVASTATIN - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	22 Aug 2020 16:08:16
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	22 Aug 2020 16:08:16
Data point term sent to Coder	System	22 Aug 2020 16:06:58
User entered 'atorvastatin'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:06:53

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:23:04

[Prophylaxis](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:06:53

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:23:04

[Indication](#)

Audit	User	Time (GMT)
User entered 'hypercholesterolemia'	Phoebe Cunningham	22 Aug 2020 16:06:53
	(b) (4)	

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:23:04

[Dose per administration](#)

Audit	User	Time (GMT)
User entered '10'	Phoebe Cunningham	22 Aug 2020 16:06:53
	(b) (4)	

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:23:04

[Dose unit](#)

Audit	User	Time (GMT)
User entered 'mg (mg)'	Phoebe Cunningham	22 Aug 2020 16:06:53
	(b) (4)	

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:23:04

If dose unit is Other, specify

Audit	User	Time (GMT)
User entered empty.	Phoebe Cunningham (b) (4)	22 Aug 2020 16:06:53

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:23:04

[Frequency](#)

Audit	User	Time (GMT)
User entered 'once daily (QD)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:06:53

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:23:04

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Phoebe Cunningham (b) (4)	22 Aug 2020 16:06:53

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:23:04

[Route of administration](#)

Audit	User	Time (GMT)
User entered 'Oral (ORAL)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:06:53

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:23:04

If route of administration is Other, specify

Audit	User	Time (GMT)
User entered empty.	Phoebe Cunningham (b) (4)	22 Aug 2020 16:06:53

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'un UNK 2014'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:06:53

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:23:04

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:06:53

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:23:04

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:06:53

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:23:04

If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
User entered empty.	Phoebe Cunningham (b) (4)	22 Aug 2020 16:06:53

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:23:04

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:06:53

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:23:04

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	22 Aug 2020 16:06:53

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:23:04

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	22 Aug 2020 16:06:53

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:23:04

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered '804 (804)'	System	22 Aug 2020 16:06:53

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:23:04

[Name of Medication](#)

Audit	User	Time (GMT)
User coded data point as ATC: NERVOUS SYSTEM, ATC: PSYCHOLEPTICS, ATC: ANXIOLYTICS, ATC: OTHER ANXIOLYTICS, PRODUCT: FLUOXETINE - version WHODrug-Global-B3\\202003.	Coder Import (b) (4)	22 Aug 2020 16:09:17
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4)	22 Aug 2020 16:09:17
Data point term sent to Coder	System	22 Aug 2020 16:08:02
User entered 'Fluoxetine'	Phoebe Cunningham	22 Aug 2020 16:07:48
	(b) (4)	

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:23:04

[Prophylaxis](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:07:48

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:23:04

[Indication](#)

Audit	User	Time (GMT)
User entered 'Anxiety'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:07:48

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:23:04

[Dose per administration](#)

Audit	User	Time (GMT)
User entered '10'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:07:48

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:23:04

[Dose unit](#)

Audit	User	Time (GMT)
User entered 'mg (mg)'	Phoebe Cunningham	22 Aug 2020 16:07:48
	(b) (4)	

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:23:04

If dose unit is Other, specify

Audit	User	Time (GMT)
User entered empty.	Phoebe Cunningham (b) (4)	22 Aug 2020 16:07:48

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:23:04

[Frequency](#)

Audit	User	Time (GMT)
User entered 'once daily (QD)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:07:48

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:23:04

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Phoebe Cunningham (b) (4)	22 Aug 2020 16:07:48

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:23:04

[Route of administration](#)

Audit	User	Time (GMT)
User entered 'Oral (ORAL)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:07:48

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:23:04

If route of administration is Other, specify

Audit	User	Time (GMT)
User entered empty.	Phoebe Cunningham (b) (4)	22 Aug 2020 16:07:48

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'un UNK 2001'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:07:48

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:23:04

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:07:48

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:23:04

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:07:48

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:23:04

If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
User entered empty.	Phoebe Cunningham (b) (4)	22 Aug 2020 16:07:48

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:23:04

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:07:48

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:23:04

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	22 Aug 2020 16:07:48

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:23:04

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	22 Aug 2020 16:07:48

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:23:04

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered '804 (804)'	System	22 Aug 2020 16:07:48

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:23:04

[Name of Medication](#)

Audit	User	Time (GMT)
User coded data point as ATC: NERVOUS SYSTEM, ATC: PSYCHOLEPTICS, ATC: HYPNOTICS AND SEDATIVES, ATC: MELATONIN RECEPTOR AGONISTS, PRODUCT: MELATONIN, PRODUCTSYNONYM: MELATONINE - version WHODrug-Global-B3\\202003.	Coder Import (b) (4)	22 Aug 2020 16:10:17
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4)	22 Aug 2020 16:10:17
Data point term sent to Coder	System	22 Aug 2020 16:09:03
User entered 'Melatonine'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:08:29

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:23:04

[Prophylaxis](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:08:29

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:23:04

[Indication](#)

Audit	User	Time (GMT)
User entered 'Insomnia'	Phoebe Cunningham	22 Aug 2020 16:08:29
	(b) (4)	

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:23:04

[Dose per administration](#)

Audit	User	Time (GMT)
User entered '3'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:08:29

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:23:04

[Dose unit](#)

Audit	User	Time (GMT)
User entered 'mg (mg)'	Phoebe Cunningham	22 Aug 2020 16:08:29
	(b) (4)	

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:23:04

If dose unit is Other, specify

Audit	User	Time (GMT)
User entered empty.	Phoebe Cunningham	22 Aug 2020 16:08:29
	(b) (4)	

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:23:04

[Frequency](#)

Audit	User	Time (GMT)
User entered 'as needed (PRN)'	Phoebe Cunningham	22 Aug 2020 16:08:29
	(b) (4)	

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:23:04

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Phoebe Cunningham (b) (4)	22 Aug 2020 16:08:29

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:23:04

[Route of administration](#)

Audit	User	Time (GMT)
User entered 'Oral (ORAL)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:08:29

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:23:04

If route of administration is Other, specify

Audit	User	Time (GMT)
User entered empty.	Phoebe Cunningham (b) (4)	22 Aug 2020 16:08:29

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered 'un Jul 2020'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:08:29

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:23:04

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:08:29

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:23:04

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:08:29

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:23:04

If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
User entered empty.	Phoebe Cunningham (b) (4)	22 Aug 2020 16:08:29

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:23:04

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Phoebe Cunningham (b) (4)	22 Aug 2020 16:08:29

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:23:04

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	22 Aug 2020 16:08:29

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:23:04

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	22 Aug 2020 16:08:29

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:23:04

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	22 Aug 2020 16:08:29

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:23:04

[Name of Medication](#)

Audit	User	Time (GMT)
User coded data point as ATC: NERVOUS SYSTEM, ATC: ANALGESICS, ATC: OTHER ANALGESICS AND ANTIPYRETICS, ATC: ANILIDES, PRODUCT: PARACETAMOL, PRODUCTSYNONYM: TYLENOL - version WHODrug-Global-B3\\202003.	Coder Import (b) (4)	07 Oct 2020 15:15:56
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4)	07 Oct 2020 15:15:56
Data point term sent to Coder	System	07 Oct 2020 14:23:30
User entered 'Tylenol'	Kathleen Garvey (b) (4)	07 Oct 2020 14:22:46
	(b) (4)	

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:23:04

[Prophylaxis](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Kathleen Garvey (b) (4) (b) (4)	07 Oct 2020 14:22:46

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:23:04

[Indication](#)

Audit	User	Time (GMT)
User closed query 'Per DM CLR: Please note that there is no AE that matches this Con Med indication during this time frame. If the FEVER is considered a solicited local or systemic adverse reaction, and meets any of the following criteria: results in a visit to a healthcare provider (MAAE), leads to withdrawal from the study or study vaccination, or otherwise meets the definition of an SAE, please add an entry and applicable details to the AE eCRF as appropriate. Otherwise, please confirm in query response that the solicited adverse reaction of FEVER did not meet the AE reporting criteria.' (Site from DM).	(b) (4), (b) (6)	23 Nov 2020 07:50:16
Query 'Per DM CLR: Please note that there is no AE that matches this Con Med indication during this time frame. If the FEVER is considered a solicited local or systemic adverse reaction, and meets any of the following criteria: results in a visit to a healthcare provider (MAAE), leads to withdrawal from the study or study vaccination, or otherwise meets the definition of an SAE, please add an entry and applicable details to the AE eCRF as appropriate. Otherwise, please confirm in query response that the solicited adverse reaction of FEVER did not meet the AE reporting criteria.' answered with 'This medication was taken for fever reported in the ed diary, not meeting the criteria for AE reporting' (Site from DM).	(b) (4), (b) (6)	13 Nov 2020 16:30:25
User opened query 'Per DM CLR: Please note that there is no AE that matches this Con Med indication during this time frame. If the FEVER is considered a solicited local or systemic adverse reaction, and meets any of the following criteria: results in a visit to a healthcare provider (MAAE), leads to withdrawal from the study or study vaccination, or otherwise meets the definition of an SAE, please add an entry and applicable details to the AE eCRF as appropriate. Otherwise, please confirm in query response that the solicited adverse reaction of FEVER did not meet the AE reporting criteria.' (Site from DM).	(b) (4), (b) (6)	12 Nov 2020 18:47:44

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:23:04

[Indication](#)

Audit	User	Time (GMT)
User entered 'Fever'	Kathleen Garvey (b) (4) (b) (4)	07 Oct 2020 14:22:46

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:23:04

[Dose per administration](#)

Audit	User	Time (GMT)
User closed query 'Per DM CLR: Please review the dose recorded as this is not the standard dose for this medication. Please correct the dosage or provide explanation for alternate dosage.' (Site from DM).	(b) (4), (b) (6)	23 Nov 2020 07:50:26
Query 'Per DM CLR: Please review the dose recorded as this is not the standard dose for this medication. Please correct the dosage or provide explanation for alternate dosage.' answered with 'Pt has been contacted and dosage has been updated' (Site from DM).	(b) (4), (b) (6)	13 Nov 2020 20:49:08
User entered '500' reason for change: Per Query Resolution	(b) (4), (b) (6)	13 Nov 2020 20:48:55
User opened query 'Per DM CLR: Please review the dose recorded as this is not the standard dose for this medication. Please correct the dosage or provide explanation for alternate dosage.' (Site from DM).	(b) (4), (b) (6)	12 Nov 2020 18:48:04
User entered '200'	Kathleen Garvey (b) (4) (b) (4)	07 Oct 2020 14:22:46

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:23:04

[Dose unit](#)

Audit	User	Time (GMT)
User entered 'mg (mg)'	Kathleen Garvey (b) (4) (b) (4)	07 Oct 2020 14:22:46

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:23:04

If dose unit is Other, specify

Audit	User	Time (GMT)
User entered empty.	Kathleen Garvey (b) (4) (b) (4)	07 Oct 2020 14:22:46

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:23:04

[Frequency](#)

Audit	User	Time (GMT)
User entered 'once (ONCE)'	Kathleen Garvey (b) (4) (b) (4)	07 Oct 2020 14:22:46

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:23:04

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Kathleen Garvey (b) (4) (b) (4)	07 Oct 2020 14:22:46

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:23:04

[Route of administration](#)

Audit	User	Time (GMT)
User entered 'Oral (ORAL)'	Kathleen Garvey (b) (4) (b) (4)	07 Oct 2020 14:22:46

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:23:04

If route of administration is Other, specify

Audit	User	Time (GMT)
User entered empty.	Kathleen Garvey (b) (4) (b) (4)	07 Oct 2020 14:22:46

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '21 Sep 2020'	Kathleen Garvey (b) (4) (b) (4)	07 Oct 2020 14:22:46

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:23:04

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Kathleen Garvey (b) (4) (b) (4)	07 Oct 2020 14:22:46

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:23:04

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Kathleen Garvey (b) (4) (b) (4)	07 Oct 2020 14:22:46

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:23:04

If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
User entered '21 Sep 2020'	Kathleen Garvey (b) (4) (b) (4)	07 Oct 2020 14:22:46

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:23:04

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kathleen Garvey (b) (4) (b) (4)	07 Oct 2020 14:22:46

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:23:04

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	07 Oct 2020 14:22:46

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:23:04

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	07 Oct 2020 14:22:46

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:23:04

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	07 Oct 2020 14:22:46

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:23:04

[Name of Medication](#)

Audit	User	Time (GMT)
User coded data point as ATC: ANTIINFECTIVES FOR SYSTEMIC USE, ATC: VACCINES, ATC: VIRAL VACCINES, ATC: INFLUENZA VACCINES, PRODUCT: INFLUENZA VACCINE - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	13 Oct 2020 15:05:37
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	13 Oct 2020 15:05:37
Data point term sent to Coder	System	13 Oct 2020 15:04:59
User entered 'Influenza Vaccine'	(b) (4), (b) (6) (b) (4)	13 Oct 2020 15:04:01

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:23:04

[Prophylaxis](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	13 Oct 2020 15:04:01

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:23:04

[Indication](#)

Audit	User	Time (GMT)
User entered 'Influenza prophylaxis'	(b) (4), (b) (6)	13 Oct 2020 15:04:01

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:23:04

[Dose per administration](#)

Audit	User	Time (GMT)
User entered '1'	(b) (4), (b) (6)	13 Oct 2020 15:04:01

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:23:04

[Dose unit](#)

Audit	User	Time (GMT)
User entered 'Other (OTHER)'	(b) (4), (b) (6)	13 Oct 2020 15:04:01

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:23:04

[If dose unit is Other, specify](#)

Audit	User	Time (GMT)
User entered 'Vaccination'	(b) (4), (b) (6)	13 Oct 2020 15:04:01

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:23:04

[Frequency](#)

Audit	User	Time (GMT)
User entered 'once (ONCE)'	(b) (4), (b) (6)	13 Oct 2020 15:04:01

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:23:04

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	13 Oct 2020 15:04:01

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:23:04

[Route of administration](#)

Audit	User	Time (GMT)
User entered 'Intramuscular (INTRAMUSCULAR)'	(b) (4), (b) (6)	13 Oct 2020 15:04:01

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:23:04

If route of administration is Other, specify

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	13 Oct 2020 15:04:01

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '8 Oct 2020'	(b) (4), (b) (6)	13 Oct 2020 15:04:01

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:23:04

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	13 Oct 2020 15:04:01

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:23:04

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	13 Oct 2020 15:04:01

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:23:04

If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
User closed query 'Ongoing is No, however End date is missing. Please provide.' (Site from System).	System	13 Oct 2020 15:04:10
User entered '08 Oct 2020' reason for change: Data Entry Error	(b) (4), (b) (6)	13 Oct 2020 15:04:10
User opened query 'Ongoing is No, however End date is missing. Please provide.' (Site from System).	System	13 Oct 2020 15:04:01
User entered empty.	(b) (4), (b) (6)	13 Oct 2020 15:04:01

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:23:04

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	13 Oct 2020 15:04:01

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:23:04

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	13 Oct 2020 15:04:01

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:23:04

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	13 Oct 2020 15:04:01

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:23:04

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	13 Oct 2020 15:04:01

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:23:04

[Name of Medication](#)

Audit	User	Time (GMT)
User coded data point as ATC: ANTIINFECTIVES FOR SYSTEMIC USE, ATC: VACCINES, ATC: VIRAL VACCINES, ATC: VARICELLA ZOSTER VACCINES, PRODUCT: VARICELLA ZOSTER VACCINE RGE (CHO), PRODUCTSYNONYM: SHINGRIX - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	14 Nov 2020 05:13:43
User coded data point as Term Coded data point by User: (b) (6) version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	14 Nov 2020 05:13:43
Data point term sent to Coder	System	13 Nov 2020 20:51:27
User entered 'shingrix vaccination'	(b) (4), (b) (6) (b) (4)	13 Nov 2020 20:50:58

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:23:04

[Prophylaxis](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	13 Nov 2020 20:50:58

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:23:04

[Indication](#)

Audit	User	Time (GMT)
User entered 'prophylaxis'	(b) (4), (b) (6)	13 Nov 2020 20:50:58

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:23:04

[Dose per administration](#)

Audit	User	Time (GMT)
User entered '1'	(b) (4), (b) (6)	13 Nov 2020 20:50:58

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:23:04

[Dose unit](#)

Audit	User	Time (GMT)
User entered 'Other (OTHER)'	(b) (4), (b) (6)	13 Nov 2020 20:50:58

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:23:04

[If dose unit is Other, specify](#)

Audit	User	Time (GMT)
User entered 'injection'	(b) (4), (b) (6)	13 Nov 2020 20:50:58

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:23:04

[Frequency](#)

Audit	User	Time (GMT)
User entered 'once (ONCE)'	(b) (4), (b) (6)	13 Nov 2020 20:50:58

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:23:04

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	13 Nov 2020 20:50:58

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:23:04

[Route of administration](#)

Audit	User	Time (GMT)
User entered 'Intramuscular (INTRAMUSCULAR)'	(b) (4), (b) (6)	13 Nov 2020 20:50:58

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:23:04

If route of administration is Other, specify

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	13 Nov 2020 20:50:58

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:23:04

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

Audit	User	Time (GMT)
User entered '8 Nov 2020'	(b) (4), (b) (6)	13 Nov 2020 20:50:58

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:23:04

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	13 Nov 2020 20:50:58

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:23:04

[Ongoing?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	13 Nov 2020 20:50:58

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:23:04

If not Ongoing, End date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '8 Nov 2020'	(b) (4), (b) (6)	13 Nov 2020 20:50:58

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:23:04

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	13 Nov 2020 20:50:58

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:23:04

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	13 Nov 2020 20:50:58

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:23:04

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	13 Nov 2020 20:50:58

US3432242

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:23:04

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	13 Nov 2020 20:50:58

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

[SAEID](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:03:11
Reviewed for Safety.	(b) (4), (b) (6)	19 Oct 2020 16:20:52
User entered 'USA-US078-2020-MRNA-1273-P301000006'	System	19 Oct 2020 16:15:55

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

Serious

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:03:13
Reviewed for Safety.	(b) (4), (b) (6)	19 Oct 2020 16:20:52
User entered 'Yes (Y)'	System	19 Oct 2020 16:15:55

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

[Death](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:03:15
Reviewed for Safety.	(b) (4), (b) (6)	19 Oct 2020 16:20:52
User entered 'No (N)'	System	19 Oct 2020 16:15:55

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

[Life threatening](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:03:17
Reviewed for Safety.	(b) (4), (b) (6)	19 Oct 2020 16:20:52
User entered 'No (N)'	System	19 Oct 2020 16:15:55

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:03:18
Reviewed for Safety.	(b) (4), (b) (6)	19 Oct 2020 16:20:52
User entered 'No (N)'	System	19 Oct 2020 16:15:55

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:03:21
Reviewed for Safety.	(b) (4), (b) (6)	19 Oct 2020 16:20:52
User entered 'No (N)'	System	19 Oct 2020 16:15:55

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:03:23
Reviewed for Safety.	(b) (4), (b) (6)	19 Oct 2020 16:20:52
User entered 'No (N)'	System	19 Oct 2020 16:15:55

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

[Other medically important event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:03:26
Reviewed for Safety.	(b) (4), (b) (6)	19 Oct 2020 16:20:52
User entered 'Yes (Y)'	System	19 Oct 2020 16:15:55

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

[Investigator's First Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:03:28
Reviewed for Safety.	(b) (4), (b) (6)	19 Oct 2020 16:20:52
User entered 'Lindsey'	System	19 Oct 2020 16:15:55

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

[Investigator's Last Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:03:31
Reviewed for Safety.	(b) (4), (b) (6)	19 Oct 2020 16:20:52
User entered 'Baden'	System	19 Oct 2020 16:15:55

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

Site Address: [State](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:03:58
Reviewed for Safety.	(b) (4), (b) (6)	19 Oct 2020 16:20:52
User entered 'MA'	System	19 Oct 2020 16:15:55

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

[Investigator Country](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	02 Nov 2020 13:55:54
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:04:00
User entered 'US'	System	19 Oct 2020 16:21:23

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

[E2B Transmit Flag \(Derived/Hidden\)](#)

Audit	User	Time (GMT)
User entered '2'	System	02 Nov 2020 13:56:05
User entered '1'	System	19 Oct 2020 16:21:23

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

[SAEID](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:03:11
Reviewed for Safety.	(b) (4), (b) (6)	19 Oct 2020 16:20:52
User entered 'USA-US078-2020-MRNA-1273-P301000006'	System	19 Oct 2020 16:15:55

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

Serious

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:03:13
Reviewed for Safety.	(b) (4), (b) (6)	19 Oct 2020 16:20:52
User entered 'Yes (Y)'	System	19 Oct 2020 16:15:55

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

[Death](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:03:15
Reviewed for Safety.	(b) (4), (b) (6)	19 Oct 2020 16:20:52
User entered 'No (N)'	System	19 Oct 2020 16:15:55

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

[Life threatening](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:03:17
Reviewed for Safety.	(b) (4), (b) (6)	19 Oct 2020 16:20:52
User entered 'No (N)'	System	19 Oct 2020 16:15:55

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:03:18
Reviewed for Safety.	(b) (4), (b) (6)	19 Oct 2020 16:20:52
User entered 'No (N)'	System	19 Oct 2020 16:15:55

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:03:21
Reviewed for Safety.	(b) (4), (b) (6)	19 Oct 2020 16:20:52
User entered 'No (N)'	System	19 Oct 2020 16:15:55

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:03:23
Reviewed for Safety.	(b) (4), (b) (6)	19 Oct 2020 16:20:52
User entered 'No (N)'	System	19 Oct 2020 16:15:55

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

[Other medically important event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:03:26
Reviewed for Safety.	(b) (4), (b) (6)	19 Oct 2020 16:20:52
User entered 'Yes (Y)'	System	19 Oct 2020 16:15:55

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

[Investigator's First Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:03:28
Reviewed for Safety.	(b) (4), (b) (6)	19 Oct 2020 16:20:52
User entered 'Lindsey'	System	19 Oct 2020 16:15:55

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

[Investigator's Last Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:03:31
Reviewed for Safety.	(b) (4), (b) (6)	19 Oct 2020 16:20:52
User entered 'Baden'	System	19 Oct 2020 16:15:55

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

Site Address: [State](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:03:58
Reviewed for Safety.	(b) (4), (b) (6)	19 Oct 2020 16:20:52
User entered 'MA'	System	19 Oct 2020 16:15:55

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

[Investigator Country](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	02 Nov 2020 13:55:54
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:04:00
User entered 'US'	System	19 Oct 2020 16:21:23

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

[E2B Transmit Flag \(Derived/Hidden\)](#)

Audit	User	Time (GMT)
User entered '2'	System	02 Nov 2020 13:56:05
User entered '1'	System	19 Oct 2020 16:21:23

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form (1)

Generated On: 26 Nov 2020 09:23:04

[Date of submission \(Pre-filled from custom function\)](#)

Audit	User	Time (GMT)
User entered '19/Oct/2020 12:21'	System	19 Oct 2020 16:21:23

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form (1)

Generated On: 26 Nov 2020 09:23:04

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)	02 Nov 2020 13:55:54
User entered '1'	(b) (4), (b) (6)	19 Oct 2020 16:21:23

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

[SAEID](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:03:11
Reviewed for Safety.	(b) (4), (b) (6)	19 Oct 2020 16:20:52
User entered 'USA-US078-2020-MRNA-1273-P301000006'	System	19 Oct 2020 16:15:55

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

Serious

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:03:13
Reviewed for Safety.	(b) (4), (b) (6)	19 Oct 2020 16:20:52
User entered 'Yes (Y)'	System	19 Oct 2020 16:15:55

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

[Death](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:03:15
Reviewed for Safety.	(b) (4), (b) (6)	19 Oct 2020 16:20:52
User entered 'No (N)'	System	19 Oct 2020 16:15:55

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

[Life threatening](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:03:17
Reviewed for Safety.	(b) (4), (b) (6)	19 Oct 2020 16:20:52
User entered 'No (N)'	System	19 Oct 2020 16:15:55

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:03:18
Reviewed for Safety.	(b) (4), (b) (6)	19 Oct 2020 16:20:52
User entered 'No (N)'	System	19 Oct 2020 16:15:55

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:03:21
Reviewed for Safety.	(b) (4), (b) (6)	19 Oct 2020 16:20:52
User entered 'No (N)'	System	19 Oct 2020 16:15:55

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:03:23
Reviewed for Safety.	(b) (4), (b) (6)	19 Oct 2020 16:20:52
User entered 'No (N)'	System	19 Oct 2020 16:15:55

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

[Other medically important event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:03:26
Reviewed for Safety.	(b) (4), (b) (6)	19 Oct 2020 16:20:52
User entered 'Yes (Y)'	System	19 Oct 2020 16:15:55

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

[Investigator's First Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:03:28
Reviewed for Safety.	(b) (4), (b) (6)	19 Oct 2020 16:20:52
User entered 'Lindsey'	System	19 Oct 2020 16:15:55

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

[Investigator's Last Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:03:31
Reviewed for Safety.	(b) (4), (b) (6)	19 Oct 2020 16:20:52
User entered 'Baden'	System	19 Oct 2020 16:15:55

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

Site Address: [State](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:03:58
Reviewed for Safety.	(b) (4), (b) (6)	19 Oct 2020 16:20:52
User entered 'MA'	System	19 Oct 2020 16:15:55

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

[Investigator Country](#)

Audit	User	Time (GMT)
Reviewed for Safety.	(b) (4), (b) (6)	02 Nov 2020 13:55:54
DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 15:04:00
User entered 'US'	System	19 Oct 2020 16:21:23

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form

Generated On: 26 Nov 2020 09:23:04

[E2B Transmit Flag \(Derived/Hidden\)](#)

Audit	User	Time (GMT)
User entered '2'	System	02 Nov 2020 13:56:05
User entered '1'	System	19 Oct 2020 16:21:23

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form (2)

Generated On: 26 Nov 2020 09:23:04

[Date of submission \(Pre-filled from custom function\)](#)

Audit	User	Time (GMT)
User entered '02/Nov/2020 13:56'	System	02 Nov 2020 13:56:05

US3432242

Folder: SAE USA-US078-2020-MRNA-1273-P301000006

Form: Safety Report Form (2)

Generated On: 26 Nov 2020 09:23:04

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)
User entered '1'	(b) (4), (b) (6)	02 Nov 2020 13:56:05