

US3442204 (Prod: Benchmark Research - Fort Worth)

Generated By: (b) (6)

Generated On: 26 Nov 2020 09:27:06

All time stamps listed in this document are displayed in GMT

US3442204

Form: Participant Creation

Generated On: 26 Nov 2020 09:27:06

[Participant ID](#)

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

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Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 09:27:06

Was this visit performed?	Yes ☒
	No ☐
Visit date (dd MMM yyyy)	30 SEP 2020
Was visit performed at the participant's home or at the clinic?	Home ☐
	Clinic ☒
Folder OID	SCRN

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Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:27:06

Date of Birth (MMM yyyy)	(b) (6) 1974
Age	45
Age Units	YEARS
Age (Derived)	45
Sex	Female ☐ Male ☒
Ethnicity	Hispanic or Latino ☐ Not Hispanic or Latino ☒ Not Reported ☐ Unknown ☐
Race (Check All That Apply)	
White	False
Black	True
Asian	False
American Indian or Alaska Native	False
Native Hawaiian or other Pacific Islander	False
Other	False
If race is Other, specify _____	
Unknown	False
Not reported	False

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Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 09:27:06

Date of Informed Consent (<i>dd MMM yyyy</i>)	30 SEP 2020
Month and Year of Informed Consent (derived)	SEP 2020
Year of Informed Consent (derived)	2020
Protocol Version	Amendment 1 ☐
	Amendment 2 ☐
	Amendment 3 ☒
	Amendment 4 ☐
	Amendment 5 ☐
Was participant enrolled in the study?	Yes ☒
	No ☐
If No, indicate reason for screen fail	Withdrew Consent ☐
	Inclusion/Exclusion ☐
	Cohort Full ☐
	Other ☐
If reason for screen fail is Other, specify	
Was this participant screened previously?	Yes ☐
	No ☒
If Yes, previous participant number	
Enrollment Trigger	1

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Folder: Screening

Form: Inclusion/Exclusion Criteria Summary

Generated On: 26 Nov 2020 09:27:06

Did the participant meet all eligibility criteria?

Yes ☒

No ☐

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Folder: Screening

Form: Medical History Summary

Generated On: 26 Nov 2020 09:27:06

Were any significant conditions reported?

Yes ☐

No ☒

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Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

Were vital signs assessed?	Yes ☒
	No ☐
Date of assessment (<i>dd MMM yyyy</i>)	30 SEP 2020
Time of assessment (<i>00:00-23:59</i>)	14:24 (24 HR)
Vital Signs Date and Time (derived)	30 SEP 2020 14:24
Height (<i>xxx.x</i>)	68 in
Weight (<i>xxx.x</i>)	153.6 lb
BMI (<i>xxx.x</i>)	23.40363 kg/m ²
BMI units	KG/M2
Temperature (<i>xxx.x</i>)	ND - Not Done
Route of measurement	Oral ☐
	Axillary ☐
	Other ☐
If Other, specify	
Pulse (<i>xxx</i>)	ND - Not Done
Pulse units	BPM
Respiratory Rate (<i>xxx</i>)	ND - Not Done
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (<i>xxx</i>)	ND - Not Done
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (<i>xxx</i>)	ND - Not Done
Diastolic Blood Pressure units	MMHG
Height (derived)	
Weight (derived)	

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Folder: Screening

Form: Physical Examination

Generated On: 26 Nov 2020 09:27:06

Was the physical examination performed?

Yes ☒

No ☐

Date of examination (dd MMM yyyy)

30 SEP 2020

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

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Folder: Screening

Form: Risk of Exposure

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Occupational Risk

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

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

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

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

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

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

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

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

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

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

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

Other Yes ☐ No ☒

Specify

Location and Living Circumstances Risk (check all that apply)

No Risk Identified False

Resides in Nursing Home or Assisted Living Facility False

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

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Folder: Screening

Form: Risk of Exposure

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

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Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 09:27:06

Was this visit performed?	Yes ☒
	No ☐
Visit date (dd MMM yyyy)	30 SEP 2020
Was visit performed at the participant's home or at the clinic?	Home ☐
	Clinic ☒
Folder OID	VISIT1

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Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 09:27:06

What was the date of randomization? (dd MMM yyyy) 30 SEP 2020

What was the participant's randomization number? 114843

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

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

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

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

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

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

Liver Disease Yes ☐ No ☒

Human Immunodeficiency Virus (HIV) infection Yes ☐ No ☒

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Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 09:27:06

Height	ND - Not Done
Weight	ND - Not Done

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Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:06

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)	30 SEP 2020
Time of assessment (00:00-23:59)	14:24 (24 HR)
Vital Signs Date and Time (derived)	30 SEP 2020 14:24
Temperature (xxx.x)	97.4 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)	140 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	90 mmHg
Diastolic Blood Pressure units	MMHG

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Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:06

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)	30 SEP 2020
Time of assessment (00:00-23:59)	15:49 (24 HR)
Vital Signs Date and Time (derived)	30 SEP 2020 15:49
Temperature (xxx.x)	97.6 F
Route of measurement	Oral ☒ Axillary ☐ Other ☐
If Other, specify	
Pulse (xxx)	60 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	14 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	158 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	96 mmHg
Diastolic Blood Pressure units	MMHG

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Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 09:27:06

Was the physical examination performed?

Yes ☐

No ☒

Date of examination (dd MMM yyyy)

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

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Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 09:27:06

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)	30 SEP 2020
What was the treatment time? (00:00-23:59)	15:17 (24 HR)
Treatment Date and Time (derived)	30 SEP 2020 15:17
Which arm was used to give treatment?	Left Arm ☒
	Right Arm ☐
What was the frequency of the study treatment dosing?	ONCE
What was the route of administration for the study treatment?	INTRAMUSCULAR

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Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:27:06

Was the sample collected?	Yes ☒
	No ☐
Collection date (<i>dd MMM yyyy</i>)	30 SEP 2020
Collection time (<i>00:00-23:59</i>)	14:36 (24 HR)
Collection date and time (derived)	30 SEP 2020 14:36

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Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 09:27:06

Collection date (dd MMM yyyy)			30 SEP 2020
Lab Test	Was the sample collected?	Collection time (00:00 - 23:59)	Collection date and time (derived)
Nasopharyngeal Swab 1	Yes	14:33	30 SEP 2020 14:33
Nasopharyngeal Swab 2	No		

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Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 09:27:06

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

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Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

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

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

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

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

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

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

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

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

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

97.6 °F

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

Yes ☐

No ☒

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

PC Time Stamp

30 SEP 2020 15:49

PC Open Date & Time

30 SEP 2020 15:37

PC Close Date & Time

30 SEP 2020 18:07

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Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:27:06

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

97.7 °F

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

Yes ☐

No ☒

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

PC Time Stamp

30 SEP 2020 23:29

PC Open Date & Time

30 SEP 2020 19:02

PC Close Date & Time

01 OCT 2020 11:59

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 09:27:06

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

98.7 °F

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

Yes ☐

No ☒

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

PC Time Stamp 02 OCT 2020 01:12

PC Open Date & Time 01 OCT 2020 12:00

PC Close Date & Time 02 OCT 2020 11:59

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 09:27:06

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

97.7 °F

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

Yes ☐

No ☒

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

PC Time Stamp

02 OCT 2020 23:09

PC Open Date & Time

02 OCT 2020 12:00

PC Close Date & Time

03 OCT 2020 11:59

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 09:27:06

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

97.8 °F

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

Yes ☐

No ☒

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

PC Time Stamp

03 OCT 2020 22:41

PC Open Date & Time

03 OCT 2020 12:00

PC Close Date & Time

04 OCT 2020 11:59

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 09:27:06

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

04 OCT 2020 21:07

PC Open Date & Time

04 OCT 2020 12:00

PC Close Date & Time

05 OCT 2020 11:59

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 09:27:06

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

97.6 °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

05 OCT 2020 21:14

PC Open Date & Time

05 OCT 2020 12:00

PC Close Date & Time

06 OCT 2020 11:59

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

DAY 7

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

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

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

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

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

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

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

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

97.7 °F

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

Yes ☐

No ☒

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

PC Time Stamp

06 OCT 2020 23:20

PC Open Date & Time

06 OCT 2020 12:00

PC Close Date & Time

07 OCT 2020 11:59

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Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:27:06

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

30 SEP 2020 15:50

PC Open Date & Time

30 SEP 2020 15:37

PC Close Date & Time

30 SEP 2020 18:07

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

DAY 1, AFTER VACCINATION
(AT HOME)

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

Please select one response below

None ☒

Does not interfere with activity ☐

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

Any use of prescription pain
reliever or prevents daily activity ☐

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

Yes ☐

No ☒

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

Yes ☐

No ☒

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

Please select one response below

None ☒

Does not interfere with activity ☐

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

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

30 SEP 2020 23:29

PC Open Date & Time

30 SEP 2020 19:02

PC Close Date & Time

01 OCT 2020 11:59

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:27:06

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

02 OCT 2020 01:12

PC Open Date & Time

01 OCT 2020 12:00

PC Close Date & Time

02 OCT 2020 11:59

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 09:27:06

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

02 OCT 2020 23:09

PC Open Date & Time

02 OCT 2020 12:00

PC Close Date & Time

03 OCT 2020 11:59

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:27:06

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

03 OCT 2020 22:42

PC Open Date & Time

03 OCT 2020 12:00

PC Close Date & Time

04 OCT 2020 11:59

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:27:06

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

04 OCT 2020 21:07

PC Open Date & Time

04 OCT 2020 12:00

PC Close Date & Time

05 OCT 2020 11:59

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:27:06

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

05 OCT 2020 21:14

PC Open Date & Time

05 OCT 2020 12:00

PC Close Date & Time

06 OCT 2020 11:59

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 09:27:06

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

06 OCT 2020 23:20

PC Open Date & Time

06 OCT 2020 12:00

PC Close Date & Time

07 OCT 2020 11:59

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:27:06

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

No ☒

Yes ☐

PC Time stamp	30 SEP 2020 15:50
PC Open Date & Time	30 SEP 2020 15:37
PC Close Date & Time	30 SEP 2020 18:07

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:27:06

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

No ☒

Yes ☐

PC Time stamp	30 SEP 2020 23:29
PC Open Date & Time	30 SEP 2020 19:02
PC Close Date & Time	01 OCT 2020 11:59

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:27:06

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 ☒

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:27:06

Yes ☐	
PC Time stamp	02 OCT 2020 01:13
PC Open Date & Time	01 OCT 2020 12:00
PC Close Date & Time	02 OCT 2020 11:59

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:27:06

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 ☒

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:27:06

Yes ☐	
PC Time stamp	02 OCT 2020 23:09
PC Open Date & Time	02 OCT 2020 12:00
PC Close Date & Time	03 OCT 2020 11:59

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:27:06

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 ☒

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:27:06

Yes ☐	
PC Time stamp	03 OCT 2020 22:42
PC Open Date & Time	03 OCT 2020 12:00
PC Close Date & Time	04 OCT 2020 11:59

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:27:06

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 ☒

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:27:06

Yes ☐	
PC Time stamp	04 OCT 2020 21:08
PC Open Date & Time	04 OCT 2020 12:00
PC Close Date & Time	05 OCT 2020 11:59

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:27:06

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 ☒

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:27:06

Yes ☐	
PC Time stamp	05 OCT 2020 21:15
PC Open Date & Time	05 OCT 2020 12:00
PC Close Date & Time	06 OCT 2020 11:59

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:27:06

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 ☒

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:27:06

Yes ☐	
PC Time stamp	06 OCT 2020 23:21
PC Open Date & Time	06 OCT 2020 12:00
PC Close Date & Time	07 OCT 2020 11:59

US3442204

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:06

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

US3442204

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:06

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3442204

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:06

Was Contact Attempted?

Yes ☒

No ☐

Date of Contact or Contact Attempt (dd MMM yyyy)

14 OCT 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3442204

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:06

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3442204

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:06

Was Contact Attempted?

Yes ☒

No ☐

Date of Contact or Contact Attempt (dd MMM yyyy)

21 OCT 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3442204

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:06

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3442204

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 09:27:06

Was this visit performed?	Yes ☒
	No ☐
Visit date (dd MMM yyyy)	26 OCT 2020
Was visit performed at the participant's home or at the clinic?	Home ☐
	Clinic ☒
Folder OID	VISIT2

US3442204

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:06

Timepoint	Pre-Dose ☒
	Post-Dose ☐
Were vital signs assessed?	Yes ☒
	No ☐
Date of assessment (dd MMM yyyy)	26 OCT 2020
Time of assessment (00:00-23:59)	11:33 (24 HR)
Vital Signs Date and Time (derived)	26 OCT 2020 11:33
Temperature (xxx.x)	97.1 F
Route of measurement	Oral ☒
	Axillary ☐
	Other ☐
If Other, specify	
Pulse (xxx)	61 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	135 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	87 mmHg
Diastolic Blood Pressure units	MMHG

US3442204

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:06

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

US3442204

Folder: Visit 2 Day 29 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 09:27:06

Was the physical examination performed?

Yes ☒

No ☐

Date of examination (dd MMM yyyy)

26 OCT 2020

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

US3442204

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 09:27:06

Was study treatment given? Yes ☐
No ☒

If No, reason not given

Participant declined due to ☐
Adverse Event ☐
Physician withheld dose due to ☐
Adverse Event ☐
Death ☐
Lost To Follow-Up ☐
Physician Decision ☐
Pregnancy ☐
Protocol Deviation ☐
Study Terminated by Sponsor ☐
Withdrawal of Consent by ☐
Participant ☐
Confirmed COVID-19 ☒
Other ☐

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

What was the study treatment? _____

What was the treatment date? (dd MMM yyyy) _____

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

Treatment Date and Time (derived) _____

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

What was the frequency of the study treatment dosing? _____

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

US3442204

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:27:06

Was the sample collected?	Yes ☒
	No ☐
Collection date (<i>dd MMM yyyy</i>)	26 OCT 2020
Collection time (<i>00:00-23:59</i>)	11:47 (24 HR)
Collection date and time (derived)	26 OCT 2020 11:47

US3442204

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 09:27:06

Collection date (dd MMM yyyy)			26 OCT 2020
Lab Test	Was the sample collected?	Collection time (00:00 - 23:59)	Collection date and time (derived)
Nasopharyngeal Swab 1	Yes	11:42	26 OCT 2020 11:42
Nasopharyngeal Swab 2	No		

US3442204

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:06

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3442204

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:06

Was Contact Attempted?

Yes ☒

No ☐

Date of Contact or Contact Attempt (dd MMM yyyy)

2 NOV 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3442204

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:06

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3442204

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:06

Was Contact Attempted?

Yes ☒

No ☐

Date of Contact or Contact Attempt (dd MMM yyyy)

9 NOV 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3442204

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:06

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3442204

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:06

Was Contact Attempted?

Yes ☒

No ☐

Date of Contact or Contact Attempt (dd MMM yyyy)

16 NOV 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3442204

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:06

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3442204

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 09:27:06

Was this visit performed?	Yes ☒
	No ☐
Visit date (dd MMM yyyy)	20 NOV 2020
Was visit performed at the participant's home or at the clinic?	Home ☐
	Clinic ☒
Folder OID	VISIT3

US3442204

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

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

US3442204

Folder: Visit 3 Day 57 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 09:27:06

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.

US3442204

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:27:06

Was the sample collected?

Yes ☒

No ☐

Collection date (dd MMM yyyy)

20 NOV 2020

Collection time (00:00-23:59)

11:09 (24 HR)

Collection date and time (derived)

20 NOV 2020 11:09

US3442204

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:06

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

27 NOV 2020 00:01

[Patient Cloud Close Date & Time](#)

01 DEC 2020 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

04 DEC 2020 00:01

[Patient Cloud Close Date & Time](#)

08 DEC 2020 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

11 DEC 2020 00:01

[Patient Cloud Close Date & Time](#)

15 DEC 2020 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

Date and time of submission	
Patient Cloud Open Date & Time	18 DEC 2020 00:01
Patient Cloud Close Date & Time	22 DEC 2020 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

25 DEC 2020 00:01

[Patient Cloud Close Date & Time](#)

29 DEC 2020 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

01 JAN 2021 00:01

[Patient Cloud Close Date & Time](#)

05 JAN 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

08 JAN 2021 00:01

[Patient Cloud Close Date & Time](#)

12 JAN 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

15 JAN 2021 00:01

[Patient Cloud Close Date & Time](#)

19 JAN 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

22 JAN 2021 00:01

[Patient Cloud Close Date & Time](#)

26 JAN 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

29 JAN 2021 00:01

[Patient Cloud Close Date & Time](#)

02 FEB 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

05 FEB 2021 00:01

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09 FEB 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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Date and time of submission

[Patient Cloud Open Date & Time](#)

12 FEB 2021 00:01

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16 FEB 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

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Date and time of submission

[Patient Cloud Open Date & Time](#)

19 FEB 2021 00:01

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23 FEB 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

26 FEB 2021 00:01

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02 MAR 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

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Date and time of submission

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05 MAR 2021 00:01

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09 MAR 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

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12 MAR 2021 00:01

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16 MAR 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

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Date and time of submission

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US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

26 MAR 2021 00:01

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30 MAR 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

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Date and time of submission

[Patient Cloud Open Date & Time](#)

02 APR 2021 00:01

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06 APR 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

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Form: Safety Follow Up Diary

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Date and time of submission

[Patient Cloud Open Date & Time](#)

09 APR 2021 00:01

[Patient Cloud Close Date & Time](#)

13 APR 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

16 APR 2021 00:01

[Patient Cloud Close Date & Time](#)

20 APR 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

23 APR 2021 00:01

[Patient Cloud Close Date & Time](#)

27 APR 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

30 APR 2021 00:01

[Patient Cloud Close Date & Time](#)

04 MAY 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

07 MAY 2021 00:01

[Patient Cloud Close Date & Time](#)

11 MAY 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

14 MAY 2021 00:01

[Patient Cloud Close Date & Time](#)

18 MAY 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

21 MAY 2021 00:01

[Patient Cloud Close Date & Time](#)

25 MAY 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

28 MAY 2021 00:01

[Patient Cloud Close Date & Time](#)

01 JUN 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

04 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

08 JUN 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

11 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

15 JUN 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

18 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

22 JUN 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

25 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

29 JUN 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

02 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

06 JUL 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

09 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

13 JUL 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

16 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

20 JUL 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

23 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

27 JUL 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

30 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

03 AUG 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

06 AUG 2021 00:01

[Patient Cloud Close Date & Time](#)

10 AUG 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

13 AUG 2021 00:01

[Patient Cloud Close Date & Time](#)

17 AUG 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

20 AUG 2021 00:01

[Patient Cloud Close Date & Time](#)

24 AUG 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

27 AUG 2021 00:01

[Patient Cloud Close Date & Time](#)

31 AUG 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

03 SEP 2021 00:01

[Patient Cloud Close Date & Time](#)

07 SEP 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

10 SEP 2021 00:01

[Patient Cloud Close Date & Time](#)

14 SEP 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

17 SEP 2021 00:01

[Patient Cloud Close Date & Time](#)

21 SEP 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

24 SEP 2021 00:01

[Patient Cloud Close Date & Time](#)

28 SEP 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

01 OCT 2021 00:01

[Patient Cloud Close Date & Time](#)

05 OCT 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

08 OCT 2021 00:01

[Patient Cloud Close Date & Time](#)

12 OCT 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

15 OCT 2021 00:01

[Patient Cloud Close Date & Time](#)

19 OCT 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

22 OCT 2021 00:01

[Patient Cloud Close Date & Time](#)

26 OCT 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

29 OCT 2021 00:01

[Patient Cloud Close Date & Time](#)

02 NOV 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

05 NOV 2021 00:01

[Patient Cloud Close Date & Time](#)

09 NOV 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

12 NOV 2021 00:01

[Patient Cloud Close Date & Time](#)

16 NOV 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

19 NOV 2021 00:01

[Patient Cloud Close Date & Time](#)

23 NOV 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

26 NOV 2021 00:01

[Patient Cloud Close Date & Time](#)

30 NOV 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

03 DEC 2021 00:01

[Patient Cloud Close Date & Time](#)

07 DEC 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

10 DEC 2021 00:01

[Patient Cloud Close Date & Time](#)

14 DEC 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

17 DEC 2021 00:01

[Patient Cloud Close Date & Time](#)

21 DEC 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

24 DEC 2021 00:01

[Patient Cloud Close Date & Time](#)

28 DEC 2021 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

31 DEC 2021 00:01

[Patient Cloud Close Date & Time](#)

04 JAN 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

07 JAN 2022 00:01

[Patient Cloud Close Date & Time](#)

11 JAN 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

14 JAN 2022 00:01

[Patient Cloud Close Date & Time](#)

18 JAN 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

21 JAN 2022 00:01

[Patient Cloud Close Date & Time](#)

25 JAN 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

28 JAN 2022 00:01

[Patient Cloud Close Date & Time](#)

01 FEB 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

04 FEB 2022 00:01

[Patient Cloud Close Date & Time](#)

08 FEB 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

11 FEB 2022 00:01

[Patient Cloud Close Date & Time](#)

15 FEB 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

18 FEB 2022 00:01

[Patient Cloud Close Date & Time](#)

22 FEB 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

25 FEB 2022 00:01

[Patient Cloud Close Date & Time](#)

01 MAR 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

04 MAR 2022 00:01

[Patient Cloud Close Date & Time](#)

08 MAR 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

11 MAR 2022 00:01

[Patient Cloud Close Date & Time](#)

15 MAR 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

18 MAR 2022 00:01

[Patient Cloud Close Date & Time](#)

22 MAR 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

25 MAR 2022 00:01

[Patient Cloud Close Date & Time](#)

29 MAR 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

01 APR 2022 00:01

[Patient Cloud Close Date & Time](#)

05 APR 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

08 APR 2022 00:01

[Patient Cloud Close Date & Time](#)

12 APR 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

15 APR 2022 00:01

[Patient Cloud Close Date & Time](#)

19 APR 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

22 APR 2022 00:01

[Patient Cloud Close Date & Time](#)

26 APR 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

DAY 579

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

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

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

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

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

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

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

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

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

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

29 APR 2022 00:01

[Patient Cloud Close Date & Time](#)

03 MAY 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

06 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

10 MAY 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

13 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

17 MAY 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

20 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

24 MAY 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

27 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

31 MAY 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

03 JUN 2022 00:01

[Patient Cloud Close Date & Time](#)

07 JUN 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

10 JUN 2022 00:01

[Patient Cloud Close Date & Time](#)

14 JUN 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

17 JUN 2022 00:01

[Patient Cloud Close Date & Time](#)

21 JUN 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

24 JUN 2022 00:01

[Patient Cloud Close Date & Time](#)

28 JUN 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

01 JUL 2022 00:01

[Patient Cloud Close Date & Time](#)

05 JUL 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

08 JUL 2022 00:01

[Patient Cloud Close Date & Time](#)

12 JUL 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

15 JUL 2022 00:01

[Patient Cloud Close Date & Time](#)

19 JUL 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

22 JUL 2022 00:01

[Patient Cloud Close Date & Time](#)

26 JUL 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

29 JUL 2022 00:01

[Patient Cloud Close Date & Time](#)

02 AUG 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

DAY 677

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

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

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

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

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

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

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

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

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

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

05 AUG 2022 00:01

[Patient Cloud Close Date & Time](#)

09 AUG 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

12 AUG 2022 00:01

[Patient Cloud Close Date & Time](#)

16 AUG 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

19 AUG 2022 00:01

[Patient Cloud Close Date & Time](#)

23 AUG 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

26 AUG 2022 00:01

[Patient Cloud Close Date & Time](#)

30 AUG 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

02 SEP 2022 00:01

[Patient Cloud Close Date & Time](#)

06 SEP 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

09 SEP 2022 00:01

[Patient Cloud Close Date & Time](#)

13 SEP 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

16 SEP 2022 00:01

[Patient Cloud Close Date & Time](#)

20 SEP 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

23 SEP 2022 00:01

[Patient Cloud Close Date & Time](#)

27 SEP 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

30 SEP 2022 00:01

[Patient Cloud Close Date & Time](#)

04 OCT 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

07 OCT 2022 00:01

[Patient Cloud Close Date & Time](#)

11 OCT 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

14 OCT 2022 00:01

[Patient Cloud Close Date & Time](#)

18 OCT 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

21 OCT 2022 00:01

[Patient Cloud Close Date & Time](#)

25 OCT 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

28 OCT 2022 00:01

[Patient Cloud Close Date & Time](#)

01 NOV 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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 NOV 2022 00:01

[Patient Cloud Close Date & Time](#)

08 NOV 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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 NOV 2022 00:01

[Patient Cloud Close Date & Time](#)

15 NOV 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

18 NOV 2022 00:01

[Patient Cloud Close Date & Time](#)

22 NOV 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

25 NOV 2022 00:01

[Patient Cloud Close Date & Time](#)

29 NOV 2022 23:59

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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 ☐

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

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

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 DEC 2022 00:01

[Patient Cloud Close Date & Time](#)

06 DEC 2022 23:59

US3442204

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:06

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

US3442204

Folder: Safety Call Day 85 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:06

Is the participant continuing to the next visit?

Yes ☐

No ☐

Continuing Flag

US3442204

Folder: Covid-19 Assessment 30 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 09:27:06

Date of Contact	30 SEP 2020
Time of Contact	14:24
Date and Time of Contact (derived)	30 SEP 2020 14:24
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 ☒

US3442204

Folder: Covid-19 Assessment 30 Sep 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 09:27:06

[Generate Next COVID-19 Assessment](#)

Yes ☐

No ☒

US3442204

Folder: Adverse Events

Form: Adverse Events Summary

Generated On: 26 Nov 2020 09:27:06

Did the participant experience any adverse events?

Yes ☐

No ☒

If Yes, enter details on the Adverse Events form.

US3442204

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination Summary

Generated On: 26 Nov 2020 09:27:06

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

Yes ☐

No ☒

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

US3442204

Folder: Concomitant Procedures (1)

Form: Concomitant Procedures Summary

Generated On: 26 Nov 2020 09:27:06

[Were any concomitant procedures performed?](#)

Yes ☐

No ☒

If yes, please complete Concomitant Procedures form.

US3442204

Folder: End of Study (1)

Form: Dosing Discontinuation

Generated On: 26 Nov 2020 09:27:06

Date of dosing discontinuation (dd MMM yyyy)

26 OCT 2020

Primary reason for dosing discontinuation

AE (specify) ☐

SAE (specify) ☐

Death ☐

Lost To Follow-up ☐

Physician decision (specify) ☐

Pregnancy ☐

Protocol deviation (specify) ☐

Study Terminated By Sponsor ☐

Withdrawal of consent by
participant (specify) ☐

Due to SARS-COV-2 ☒

Other ☐

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

US3442204

Folder: End of Study (1)

Form: End of Study / Study Discontinuation

Generated On: 26 Nov 2020 09:27:06

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 ☐

Audit

US3442204 (Prod: Benchmark Research - Fort Worth)

US3442204

Form: Participant Creation

Generated On: 26 Nov 2020 09:27:06

[Participant ID](#)

Audit	User	Time (GMT)
User entered 'US3442204'	RWS_ENDPOINT ENDPOINT (b) (4) 	30 Sep 2020 19:17:49

US3442204

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 09:27:06

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Melody Dufrene (b) (4) (b) (4)	30 Sep 2020 20:09:08

US3442204

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '30 SEP 2020'	RWS_ENDPOINT ENDPOINT (b) (4) 	30 Sep 2020 19:17:50

US3442204

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	Melody Dufrene (b) (4) (b) (4)	30 Sep 2020 20:09:08

US3442204

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 09:27:06

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'SCRN'	System	30 Sep 2020 20:09:08

US3442204

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:27:06

Date of Birth (MMM yyyy)

Audit	User	Time (GMT)
User entered (b) (6) 1974'	RWS_ENDPOINT ENDPOINT (b) (4) [REDACTED]	30 Sep 2020 19:17:51

US3442204

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:27:06

[Age](#)

Audit	User	Time (GMT)
User entered '45'	Melody Dufrene (b) (4) (b) (4)	30 Sep 2020 20:09:39

US3442204

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:27:06

[Age Units](#)

Audit	User	Time (GMT)
User entered 'YEARS'	System	30 Sep 2020 20:09:39

US3442204

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:27:06

[Age \(Derived\)](#)

Audit	User	Time (GMT)
User entered '45'	System	30 Sep 2020 20:09:51

US3442204

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:27:06

Sex

Audit	User	Time (GMT)
User entered 'Male (M)'	Melody Dufrene (b) (4) (b) (4)	30 Sep 2020 20:09:39

US3442204

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:27:06

[Ethnicity](#)

Audit	User	Time (GMT)
User entered 'Not Hispanic or Latino (NOT HISPANIC OR LATINO)'	Melody Dufrene (b) (4) (b) (4)	30 Sep 2020 20:09:39

US3442204

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:27:06

White

Audit	User	Time (GMT)
User entered '0'	Melody Dufrene (b) (4) (b) (4)	30 Sep 2020 20:09:39

US3442204

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:27:06

[Black](#)

Audit	User	Time (GMT)
User entered '1'	Melody Dufrene (b) (4) (b) (4)	30 Sep 2020 20:09:39

US3442204

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:27:06

[Asian](#)

Audit	User	Time (GMT)
User entered '0'	Melody Dufrene (b) (4) (b) (4)	30 Sep 2020 20:09:39

US3442204

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:27:06

[American Indian or Alaska Native](#)

Audit	User	Time (GMT)
User entered '0'	Melody Dufrene (b) (4) (b) (4)	30 Sep 2020 20:09:39

US3442204

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:27:06

[Native Hawaiian or other Pacific Islander](#)

Audit	User	Time (GMT)
User entered '0'	Melody Dufrene (b) (4) (b) (4)	30 Sep 2020 20:09:39

US3442204

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:27:06

[Other](#)

Audit	User	Time (GMT)
User entered '0'	Melody Dufrene (b) (4) (b) (4)	30 Sep 2020 20:09:39

US3442204

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:27:06

[If race is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Melody Dufrene (b) (4) (b) (4)	30 Sep 2020 20:09:39

US3442204

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:27:06

Unknown

Audit	User	Time (GMT)
User entered '0'	Melody Dufrene (b) (4) (b) (4)	30 Sep 2020 20:09:39

US3442204

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:27:06

[Not reported](#)

Audit	User	Time (GMT)
User entered '0'	Melody Dufrene (b) (4) (b) (4)	30 Sep 2020 20:09:39

US3442204

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '30 Sep 2020'	Melody Dufrene (b) (4) (b) (4)	30 Sep 2020 20:09:51

US3442204

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered 'Sep 2020'	System	30 Sep 2020 20:09:51

US3442204

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '2020'	System	30 Sep 2020 20:09:51

US3442204

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 09:27:06

[Protocol Version](#)

Audit	User	Time (GMT)
User entered 'Amendment 3 (3)'	Melody Dufrene (b) (4) (b) (4)	30 Sep 2020 20:09:51

US3442204

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Melody Dufrene (b) (4) (b) (4)	30 Sep 2020 20:09:51

US3442204

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered empty.	Melody Dufrene (b) (4) (b) (4)	30 Sep 2020 20:09:51

US3442204

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 09:27:06

If reason for screen fail is Other, specify

Audit	User	Time (GMT)
User entered empty.	Melody Dufrene (b) (4) (b) (4)	30 Sep 2020 20:09:51

US3442204

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 09:27:06

[Was this participant screened previously?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Melody Dufrene (b) (4) (b) (4)	30 Sep 2020 20:09:51

US3442204

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 09:27:06

[If Yes, previous participant number](#)

Audit	User	Time (GMT)
User entered empty.	RWS_ENDPOINT ENDPOINT (b) (4) [REDACTED]	30 Sep 2020 19:17:50

US3442204

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 09:27:06

[Enrollment Trigger](#)

Audit	User	Time (GMT)
User entered '1'	System	30 Sep 2020 20:09:56

US3442204

Folder: Screening

Form: Inclusion/Exclusion Criteria Summary

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Melody Dufrene (b) (4) (b) (4)	30 Sep 2020 20:09:56

US3442204

Folder: Screening

Form: Medical History Summary

Generated On: 26 Nov 2020 09:27:06

[Were any significant conditions reported?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	30 Sep 2020 21:04:57

US3442204

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	30 Sep 2020 21:03:23

US3442204

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '30 Sep 2020'	(b) (4), (b) (6)	30 Sep 2020 21:03:23

US3442204

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '14:24'	(b) (4), (b) (6)	30 Sep 2020 21:03:23

US3442204

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '30 Sep 2020 14:24'	System	30 Sep 2020 21:03:23

US3442204

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '68' in	(b) (4), (b) (6)	30 Sep 2020 21:03:23
DataPoint set to visible.	System	30 Sep 2020 20:09:56

US3442204

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '153.6' lb	(b) (4), (b) (6)	30 Sep 2020 21:03:23
DataPoint set to visible.	System	30 Sep 2020 20:09:56

US3442204

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

BMI (xxx.x)

Audit	User	Time (GMT)
User entered '23.40363'	System	30 Sep 2020 21:03:23
DataPoint set to visible.	System	30 Sep 2020 20:09:56

US3442204

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

[BMI units](#)

Audit	User	Time (GMT)
User entered 'kg/m2'	System	30 Sep 2020 21:03:23
DataPoint set to visible.	System	30 Sep 2020 20:09:56

US3442204

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	(b) (4), (b) (6)	30 Sep 2020 21:03:23

US3442204

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

[Route of measurement](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	30 Sep 2020 21:03:23

US3442204

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	30 Sep 2020 21:03:23

US3442204

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	(b) (4), (b) (6)	30 Sep 2020 21:03:23

US3442204

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	30 Sep 2020 21:03:23

US3442204

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	(b) (4), (b) (6)	30 Sep 2020 21:03:23

US3442204

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	30 Sep 2020 21:03:23

US3442204

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	(b) (4), (b) (6)	30 Sep 2020 21:03:23

US3442204

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	30 Sep 2020 21:03:23

US3442204

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	(b) (4), (b) (6)	30 Sep 2020 21:03:23

US3442204

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	30 Sep 2020 21:03:23

US3442204

Folder: Screening

Form: Physical Examination

Generated On: 26 Nov 2020 09:27:06

[Was the physical examination performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	30 Sep 2020 21:05:04

US3442204

Folder: Screening

Form: Physical Examination

Generated On: 26 Nov 2020 09:27:06

Date of examination (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '30 Sep 2020'	(b) (4), (b) (6)	30 Sep 2020 21:05:04

US3442204

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	30 Sep 2020 21:02:23

US3442204

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	30 Sep 2020 21:02:23

US3442204

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:06

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)'	(b) (4), (b) (6)	30 Sep 2020 21:02:23

US3442204

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	30 Sep 2020 21:02:23

US3442204

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	30 Sep 2020 21:02:23

US3442204

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	30 Sep 2020 21:02:23

US3442204

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:06

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)'	(b) (4), (b) (6)	30 Sep 2020 21:02:23

US3442204

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:06

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)'	(b) (4), (b) (6)	30 Sep 2020 21:02:23

US3442204

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	30 Sep 2020 21:02:23

US3442204

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:06

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)'	(b) (4), (b) (6)	30 Sep 2020 21:02:23

US3442204

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:06

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)'	(b) (4), (b) (6)	30 Sep 2020 21:02:23

US3442204

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:06

[Other](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	30 Sep 2020 21:02:23

US3442204

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:06

[Specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	30 Sep 2020 21:02:23

US3442204

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:06

No Risk Identified

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	30 Sep 2020 21:02:23

US3442204

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	30 Sep 2020 21:02:23

US3442204

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:06

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'	(b) (4), (b) (6)	30 Sep 2020 21:02:23

US3442204

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	30 Sep 2020 21:02:23

US3442204

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:06

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'	(b) (4), (b) (6)	30 Sep 2020 21:02:23

US3442204

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '1'	(b) (4), (b) (6)	30 Sep 2020 21:02:23

US3442204

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:06

[Other](#)

Audit	User	Time (GMT)
User entered '0'	(b) (4), (b) (6)	30 Sep 2020 21:02:23

US3442204

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:06

[Specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	30 Sep 2020 21:02:23

US3442204

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 09:27:06

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Melody Dufrene (b) (4) (b) (4)	30 Sep 2020 20:10:06

US3442204

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '30 Sep 2020'	Melody Dufrene (b) (4) (b) (4)	30 Sep 2020 20:10:06

US3442204

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	Melody Dufrene (b) (4) (b) (4)	30 Sep 2020 20:10:06

US3442204

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 09:27:06

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'VISIT1'	System	30 Sep 2020 20:10:06

US3442204

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '30 SEP 2020'	RWS_ENDPOINT ENDPOINT (b) (4) 	30 Sep 2020 19:57:39

US3442204

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '114843'	RWS_ENDPOINT ENDPOINT (b) (4) 	30 Sep 2020 19:57:39

US3442204

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '>=18 and <65 years and not at risk (1)'	RWS_ENDPOINT ENDPOINT (b) (4) [REDACTED]	30 Sep 2020 19:57:39

US3442204

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 09:27:06

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)'	(b) (4), (b) (6)	30 Sep 2020 21:02:36

US3442204

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	30 Sep 2020 21:02:36

US3442204

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	30 Sep 2020 21:02:36

US3442204

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 09:27:06

Diabetes (Type I, Type 2, or gestational)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	30 Sep 2020 21:02:36

US3442204

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 09:27:06

[Liver Disease](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	30 Sep 2020 21:02:36

US3442204

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	30 Sep 2020 21:02:36
DataPoint set to visible.	System	30 Sep 2020 20:09:51

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 09:27:06

[Height](#)

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	(b) (4), (b) (6)	30 Sep 2020 21:04:03

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 09:27:06

Weight

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	(b) (4), (b) (6)	30 Sep 2020 21:04:03

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 09:27:06

[Height](#)

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	(b) (4), (b) (6)	30 Sep 2020 21:04:03

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 09:27:06

Weight

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	(b) (4), (b) (6)	30 Sep 2020 21:04:03

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:06

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Pre-Dose (PREDOSE)'	(b) (4), (b) (6)	30 Sep 2020 21:04:03

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:06

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	30 Sep 2020 21:04:03

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:06

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '30 Sep 2020'	(b) (4), (b) (6)	30 Sep 2020 21:04:03

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '14:24'	(b) (4), (b) (6)	30 Sep 2020 21:04:03

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '30 Sep 2020 14:24'	System	30 Sep 2020 21:04:03

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:06

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '97.4' F	(b) (4), (b) (6)	30 Sep 2020 21:04:03

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:06

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	(b) (4), (b) (6)	30 Sep 2020 21:04:03

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:06

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	30 Sep 2020 21:04:03

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:06

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '58'	(b) (4), (b) (6)	30 Sep 2020 21:04:03

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:06

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	30 Sep 2020 21:04:03

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '16'	(b) (4), (b) (6)	30 Sep 2020 21:04:03

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:06

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	30 Sep 2020 21:04:03

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:06

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '140'	(b) (4), (b) (6)	30 Sep 2020 21:04:03

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:06

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	30 Sep 2020 21:04:03

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:06

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '90'	(b) (4), (b) (6)	30 Sep 2020 21:04:03

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:06

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	30 Sep 2020 21:04:03

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 09:27:06

Height

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	(b) (4), (b) (6)	30 Sep 2020 21:04:03

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 09:27:06

Weight

Audit	User	Time (GMT)
User entered missing code ND - Not Done.	(b) (4), (b) (6)	30 Sep 2020 21:04:03

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:06

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Post-Dose (POSTDOSE)'	(b) (4), (b) (6)	30 Sep 2020 21:06:46

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:06

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	30 Sep 2020 21:06:46

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:06

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '30 Sep 2020'	(b) (4), (b) (6)	30 Sep 2020 21:06:46

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '15:49'	(b) (4), (b) (6)	30 Sep 2020 21:06:46

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '30 Sep 2020 15:49'	System	30 Sep 2020 21:06:46

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:06

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '97.6' F	(b) (4), (b) (6)	30 Sep 2020 21:06:46

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:06

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	(b) (4), (b) (6)	30 Sep 2020 21:06:46

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:06

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	30 Sep 2020 21:06:46

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:06

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '60'	(b) (4), (b) (6)	30 Sep 2020 21:06:46

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:06

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	30 Sep 2020 21:06:46

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '14'	(b) (4), (b) (6)	30 Sep 2020 21:06:46

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:06

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	30 Sep 2020 21:06:46

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:06

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '158'	(b) (4), (b) (6)	30 Sep 2020 21:06:46

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:06

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	30 Sep 2020 21:06:46

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:06

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '96'	(b) (4), (b) (6)	30 Sep 2020 21:06:46

US3442204

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:06

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	30 Sep 2020 21:06:46

US3442204

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 09:27:06

[Was the physical examination performed?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	30 Sep 2020 21:00:19

US3442204

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 09:27:06

Date of examination (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	30 Sep 2020 21:00:19

US3442204

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 09:27:06

[Was study treatment given?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Melody Dufrene (b) (4) (b) (4)	30 Sep 2020 20:20:16

US3442204

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 09:27:06

If No, reason not given

Audit	User	Time (GMT)
User entered empty.	Melody Dufrene (b) (4) (b) (4)	30 Sep 2020 20:20:16

US3442204

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered empty.	Melody Dufrene (b) (4) (b) (4)	30 Sep 2020 20:20:16

US3442204

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 09:27:06

[What was the study treatment?](#)

Audit	User	Time (GMT)
User entered 'MRNA-1273 OR PLACEBO'	System	30 Sep 2020 20:20:16

US3442204

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 09:27:06

What was the treatment date? (dd MMM yyyy)

Audit	User	Time (GMT)
User entered '30 Sep 2020'	Melody Dufrene (b) (4) (b) (4)	30 Sep 2020 20:20:16

US3442204

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '15:17'	Melody Dufrene (b) (4) (b) (4)	30 Sep 2020 20:20:16

US3442204

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '30 Sep 2020 15:17'	System	30 Sep 2020 20:20:16

US3442204

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered 'Left Arm (LEFT ARM)'	Melody Dufrene (b) (4) (b) (4)	30 Sep 2020 20:20:16

US3442204

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered 'ONCE'	System	30 Sep 2020 20:20:16

US3442204

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered 'INTRAMUSCULAR'	System	30 Sep 2020 20:20:16

US3442204

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:27:06

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	30 Sep 2020 21:05:21

US3442204

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:27:06

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '30 Sep 2020'	(b) (4), (b) (6)	30 Sep 2020 21:05:21

US3442204

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:27:06

Collection time (00:00-23:59)

Audit	User	Time (GMT)
User entered '14:36'	(b) (4), (b) (6)	30 Sep 2020 21:05:21

US3442204

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '30 Sep 2020 14:36'	System	30 Sep 2020 21:05:21

US3442204

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 09:27:06

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '30 Sep 2020'	(b) (4), (b) (6)	30 Sep 2020 21:05:53

US3442204

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 09:27:06

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 1 (NASAL1)'	(b) (4), (b) (6)	30 Sep 2020 21:05:53

US3442204

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 09:27:06

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	30 Sep 2020 21:05:53

US3442204

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 09:27:06

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
User entered '14:33'	(b) (4), (b) (6)	30 Sep 2020 21:05:53

US3442204

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '30 Sep 2020 14:33'	System	30 Sep 2020 21:05:53

US3442204

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 09:27:06

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 2 (NASAL2)'	(b) (4), (b) (6)	30 Sep 2020 21:05:53

US3442204

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 09:27:06

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	30 Sep 2020 21:05:53

US3442204

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 09:27:06

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	30 Sep 2020 21:05:53

US3442204

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered empty.	System	30 Sep 2020 21:05:53

US3442204

Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	30 Sep 2020 21:00:06

US3442204

Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 09:27:06

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	30 Sep 2020 21:00:06

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	30 Sep 2020 20:20:16
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 09:27:06

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-09-30T15:49:19', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '5c119977-d8a9-4d21-b3b5-8721310fda7c'	System	30 Sep 2020 20:49:44
User entered 'Yes (Y)'	System	30 Sep 2020 20:49:44

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 09:27:06

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-09-30T15:49:31', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '5c119977-d8a9-4d21-b3b5-8721310fda7c' User entered '97.6'	System	30 Sep 2020 20:49:44

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-09-30T15:49:35', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '5c119977-d8a9-4d21-b3b5-8721310fda7c'	System	30 Sep 2020 20:49:44
User entered 'No (N)'	System	30 Sep 2020 20:49:44

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 09:27:06

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-09-30T15:49:40', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '5c119977-d8a9-4d21-b3b5-8721310fda7c' User entered '30 Sep 2020 15:49'	System	30 Sep 2020 20:49:44
	System	30 Sep 2020 20:49:44

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 09:27:06

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '30 Sep 2020 15:37'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 09:27:06

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '30 Sep 2020 18:07'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	30 Sep 2020 20:20:16
User entered 'Day 1, after vaccination (at home)'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:27:06

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-09-30T23:28:41', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '250892d1-a37c-4062-91c1-f669e858646d'	System	01 Oct 2020 04:29:07
User entered 'Yes (Y)'	System	01 Oct 2020 04:29:07

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:27:06

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-09-30T23:28:52', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '250892d1-a37c-4062-91c1-f669e858646d' User entered '97.7'	System	01 Oct 2020 04:29:07

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-09-30T23:28:57', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '250892d1-a37c-4062-91c1-f669e858646d'	System	01 Oct 2020 04:29:07
User entered 'No (N)'	System	01 Oct 2020 04:29:07

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:27:06

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-09-30T23:29:00', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '250892d1-a37c-4062-91c1-f669e858646d'	System	01 Oct 2020 04:29:07
User entered '30 Sep 2020 23:29'	System	01 Oct 2020 04:29:07

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:27:06

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '30 Sep 2020 19:02'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:27:06

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '01 Oct 2020 11:59'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	30 Sep 2020 20:20:16
User entered 'Day 2'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 09:27:06

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-02T01:12:16', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'ff1ab641-95d6-4635-bc8b-7851b06d804f'	System	02 Oct 2020 06:12:39
User entered 'Yes (Y)'	System	02 Oct 2020 06:12:39

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 09:27:06

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-02T01:12:31', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'ff1ab641-95d6-4635-bc8b-7851b06d804f' User entered '98.7'	System	02 Oct 2020 06:12:39

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-02T01:12:34', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'ff1ab641-95d6-4635-bc8b-7851b06d804f'	System	02 Oct 2020 06:12:39
User entered 'No (N)'	System	02 Oct 2020 06:12:39

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 09:27:06

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-02T01:12:37', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'ff1ab641-95d6-4635-bc8b-7851b06d804f'	System	02 Oct 2020 06:12:39
User entered '02 Oct 2020 01:12'	System	02 Oct 2020 06:12:39

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 09:27:06

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '01 Oct 2020 12:00'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 09:27:06

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '02 Oct 2020 11:59'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	30 Sep 2020 20:20:16
User entered 'Day 3'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 09:27:06

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-02T23:09:08', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '3c72ddfd-338d-49cd-aa60-a9f22f108524'	System	03 Oct 2020 04:09:22
User entered 'Yes (Y)'	System	03 Oct 2020 04:09:22

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 09:27:06

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-02T23:09:14', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '3c72ddfd-338d-49cd-aa60-a9f22f108524'	System	03 Oct 2020 04:09:22
User entered '97.7'	System	03 Oct 2020 04:09:22

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-02T23:09:16', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '3c72ddfd-338d-49cd-aa60-a9f22f108524'	System	03 Oct 2020 04:09:22
User entered 'No (N)'	System	03 Oct 2020 04:09:22

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 09:27:06

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-02T23:09:19', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '3c72ddfd-338d-49cd-aa60-a9f22f108524'	System	03 Oct 2020 04:09:22
User entered '02 Oct 2020 23:09'	System	03 Oct 2020 04:09:22

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 09:27:06

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '02 Oct 2020 12:00'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 09:27:06

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '03 Oct 2020 11:59'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	30 Sep 2020 20:20:16
User entered 'Day 4'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 09:27:06

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-03T22:41:39', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '651f37cf-06cc-48ec-a3e9-975b2efd5af8'	System	04 Oct 2020 03:41:56
User entered 'Yes (Y)'	System	04 Oct 2020 03:41:56

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 09:27:06

Please record your **TEMPERATURE in °F**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-03T22:41:47', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '651f37cf-06cc-48ec-a3e9-975b2efd5af8'	System	04 Oct 2020 03:41:56
User entered '97.8'	System	04 Oct 2020 03:41:56

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-03T22:41:50', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '651f37cf-06cc-48ec-a3e9-975b2efd5af8'	System	04 Oct 2020 03:41:56
User entered 'No (N)'	System	04 Oct 2020 03:41:56

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 09:27:06

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-03T22:41:53', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '651f37cf-06cc-48ec-a3e9-975b2efd5af8'	System	04 Oct 2020 03:41:56
User entered '03 Oct 2020 22:41'	System	04 Oct 2020 03:41:56

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 09:27:06

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '03 Oct 2020 12:00'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 09:27:06

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '04 Oct 2020 11:59'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	30 Sep 2020 20:20:16
User entered 'Day 5'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 09:27:06

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-04T21:07:13', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '53a9d6e7-bc08-4321-a4f4-b31f814555be'	System	05 Oct 2020 02:07:34
User entered 'Yes (Y)'	System	05 Oct 2020 02:07:34

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 09:27:06

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-04T21:07:25', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '53a9d6e7-bc08-4321-a4f4-b31f814555be' User entered '97.6'	System	05 Oct 2020 02:07:34

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-04T21:07:28', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '53a9d6e7-bc08-4321-a4f4-b31f814555be'	System	05 Oct 2020 02:07:34
User entered 'No (N)'	System	05 Oct 2020 02:07:34

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 09:27:06

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-04T21:07:31', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '53a9d6e7-bc08-4321-a4f4-b31f814555be' User entered '04 Oct 2020 21:07'	System	05 Oct 2020 02:07:34
	System	05 Oct 2020 02:07:34

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 09:27:06

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '04 Oct 2020 12:00'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 09:27:06

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '05 Oct 2020 11:59'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	30 Sep 2020 20:20:16
User entered 'Day 6'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 09:27:06

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-05T21:13:33', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'c2a657c5-1b8e-4b94-9730-a3c04e4ab964'	System	06 Oct 2020 02:14:38
User entered 'Yes (Y)'	System	06 Oct 2020 02:14:38

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 09:27:06

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-05T21:13:47', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'c2a657c5-1b8e-4b94-9730-a3c04e4ab964'	System	06 Oct 2020 02:14:38
User entered '97.6'	System	06 Oct 2020 02:14:38

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-05T21:14:24', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'c2a657c5-1b8e-4b94-9730-a3c04e4ab964'	System	06 Oct 2020 02:14:38
User entered 'No (N)'	System	06 Oct 2020 02:14:38

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 09:27:06

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-05T21:14:31', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'c2a657c5-1b8e-4b94-9730-a3c04e4ab964'	System	06 Oct 2020 02:14:38
User entered '05 Oct 2020 21:14'	System	06 Oct 2020 02:14:38

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 09:27:06

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '05 Oct 2020 12:00'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 09:27:06

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '06 Oct 2020 11:59'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	30 Sep 2020 20:20:16
User entered 'Day 7'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 09:27:06

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-06T23:19:49', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '9b7ec083-0fd7-4ae9-941f-cddb147074fe'	System	07 Oct 2020 04:20:20
User entered 'Yes (Y)'	System	07 Oct 2020 04:20:20

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 09:27:06

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-06T23:19:58', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '9b7ec083-0fd7-4ae9-941f-cddb147074fe'	System	07 Oct 2020 04:20:20
User entered '97.7'	System	07 Oct 2020 04:20:20

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-06T23:20:11', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '9b7ec083-0fd7-4ae9-941f-cddb147074fe'	System	07 Oct 2020 04:20:20
User entered 'No (N)'	System	07 Oct 2020 04:20:20

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 09:27:06

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-06T23:20:17', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '9b7ec083-0fd7-4ae9-941f-cddb147074fe' User entered '06 Oct 2020 23:20'	System	07 Oct 2020 04:20:20
	System	07 Oct 2020 04:20:20

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 09:27:06

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '06 Oct 2020 12:00'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 09:27:06

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '07 Oct 2020 11:59'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	30 Sep 2020 20:20:16
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:27:06

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 (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-09-30T15:50:01', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'c10b1992-0267-415e-8102-5662ddbda731'	System	30 Sep 2020 20:50:18
User entered 'None (1)'	System	30 Sep 2020 20:50:18

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:27:06

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-09-30T15:50:04', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'c10b1992-0267-415e-8102-5662ddbda731'	System	30 Sep 2020 20:50:18
User entered 'No (N)'	System	30 Sep 2020 20:50:18

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-09-30T15:50:07', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'c10b1992-0267-415e-8102-5662ddbda731'	System	30 Sep 2020 20:50:18
User entered 'No (N)'	System	30 Sep 2020 20:50:18

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:27:06

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 (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-09-30T15:50:09', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'c10b1992-0267-415e-8102-5662ddbda731'	System	30 Sep 2020 20:50:18
User entered 'None (1)'	System	30 Sep 2020 20:50:18

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:27:06

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-09-30T15:50:12', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'c10b1992-0267-415e-8102-5662ddbda731'	System	30 Sep 2020 20:50:18
User entered '30 Sep 2020 15:50'	System	30 Sep 2020 20:50:18

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:27:06

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '30 Sep 2020 15:37'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:27:06

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '30 Sep 2020 18:07'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	30 Sep 2020 20:20:16
User entered 'Day 1, after vaccination (at home)'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:27:06

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 (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-09-30T23:29:07', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'e4c398bd-a3b9-4272-81b6-34ad6f44be7a'	System	01 Oct 2020 04:29:21
User entered 'None (1)'	System	01 Oct 2020 04:29:21

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:27:06

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-09-30T23:29:10', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'e4c398bd-a3b9-4272-81b6-34ad6f44be7a'	System	01 Oct 2020 04:29:21
User entered 'No (N)'	System	01 Oct 2020 04:29:21

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-09-30T23:29:12', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'e4c398bd-a3b9-4272-81b6-34ad6f44be7a'	System	01 Oct 2020 04:29:21
User entered 'No (N)'	System	01 Oct 2020 04:29:21

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:27:06

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 (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-09-30T23:29:14', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'e4c398bd-a3b9-4272-81b6-34ad6f44be7a'	System	01 Oct 2020 04:29:21
User entered 'None (1)'	System	01 Oct 2020 04:29:21

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:27:06

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-09-30T23:29:19', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'e4c398bd-a3b9-4272-81b6-34ad6f44be7a'	System	01 Oct 2020 04:29:21
User entered '30 Sep 2020 23:29'	System	01 Oct 2020 04:29:21

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:27:06

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '30 Sep 2020 19:02'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:27:06

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '01 Oct 2020 11:59'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	30 Sep 2020 20:20:16
User entered 'Day 2'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:27:06

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 (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-02T01:12:42', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'a69d7e22-5ddc-4604-ad92-0c09f1d9cc34'	System	02 Oct 2020 06:12:55
User entered 'None (1)'	System	02 Oct 2020 06:12:55

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:27:06

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-02T01:12:45', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'a69d7e22-5ddc-4604-ad92-0c09f1d9cc34'	System	02 Oct 2020 06:12:55
User entered 'No (N)'	System	02 Oct 2020 06:12:55

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-02T01:12:48', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'a69d7e22-5ddc-4604-ad92-0c09f1d9cc34'	System	02 Oct 2020 06:12:55
User entered 'No (N)'	System	02 Oct 2020 06:12:55

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:27:06

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 (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-02T01:12:51', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'a69d7e22-5ddc-4604-ad92-0c09f1d9cc34'	System	02 Oct 2020 06:12:55
User entered 'None (1)'	System	02 Oct 2020 06:12:55

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:27:06

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-02T01:12:53', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'a69d7e22-5ddc-4604-ad92-0c09f1d9cc34'	System	02 Oct 2020 06:12:55
User entered '02 Oct 2020 01:12'	System	02 Oct 2020 06:12:55

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:27:06

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '01 Oct 2020 12:00'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:27:06

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '02 Oct 2020 11:59'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	30 Sep 2020 20:20:16
User entered 'Day 3'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 09:27:06

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 (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-02T23:09:24', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '7fe7f5e4-b243-458b-ac33-4bb66d2a6709'	System	03 Oct 2020 04:09:37
User entered 'None (1)'	System	03 Oct 2020 04:09:37

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 09:27:06

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-02T23:09:28', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '7fe7f5e4-b243-458b-ac33-4bb66d2a6709'	System	03 Oct 2020 04:09:37
User entered 'No (N)'	System	03 Oct 2020 04:09:37

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-02T23:09:30', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '7fe7f5e4-b243-458b-ac33-4bb66d2a6709'	System	03 Oct 2020 04:09:37
User entered 'No (N)'	System	03 Oct 2020 04:09:37

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 09:27:06

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 (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-02T23:09:32', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '7fe7f5e4-b243-458b-ac33-4bb66d2a6709'	System	03 Oct 2020 04:09:37
User entered 'None (1)'	System	03 Oct 2020 04:09:37

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 09:27:06

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-02T23:09:35', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '7fe7f5e4-b243-458b-ac33-4bb66d2a6709'	System	03 Oct 2020 04:09:37
User entered '02 Oct 2020 23:09'	System	03 Oct 2020 04:09:37

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 09:27:06

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '02 Oct 2020 12:00'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 09:27:06

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '03 Oct 2020 11:59'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	30 Sep 2020 20:20:16
User entered 'Day 4'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:27:06

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 (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-03T22:42:01', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '23e758c3-d7a3-48cc-a36e-9f4825aac39f'	System	04 Oct 2020 03:42:14
User entered 'None (1)'	System	04 Oct 2020 03:42:14

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:27:06

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-03T22:42:03', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '23e758c3-d7a3-48cc-a36e-9f4825aac39f'	System	04 Oct 2020 03:42:14
User entered 'No (N)'	System	04 Oct 2020 03:42:14

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-03T22:42:06', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '23e758c3-d7a3-48cc-a36e-9f4825aac39f'	System	04 Oct 2020 03:42:14
User entered 'No (N)'	System	04 Oct 2020 03:42:14

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:27:06

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 (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-03T22:42:08', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '23e758c3-d7a3-48cc-a36e-9f4825aac39f'	System	04 Oct 2020 03:42:14
User entered 'None (1)'	System	04 Oct 2020 03:42:14

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:27:06

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-03T22:42:12', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '23e758c3-d7a3-48cc-a36e-9f4825aac39f'	System	04 Oct 2020 03:42:14
User entered '03 Oct 2020 22:42'	System	04 Oct 2020 03:42:14

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:27:06

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '03 Oct 2020 12:00'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:27:06

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '04 Oct 2020 11:59'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	30 Sep 2020 20:20:16
User entered 'Day 5'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:27:06

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 (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-04T21:07:36', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '630cb463-130a-4065-9821-aa8149e192fd'	System	05 Oct 2020 02:07:55
User entered 'None (1)'	System	05 Oct 2020 02:07:55

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:27:06

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-04T21:07:39', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '630cb463-130a-4065-9821-aa8149e192fd'	System	05 Oct 2020 02:07:55
User entered 'No (N)'	System	05 Oct 2020 02:07:55

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-04T21:07:42', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '630cb463-130a-4065-9821-aa8149e192fd'	System	05 Oct 2020 02:07:55
User entered 'No (N)'	System	05 Oct 2020 02:07:55

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:27:06

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 (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-04T21:07:45', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '630cb463-130a-4065-9821-aa8149e192fd'	System	05 Oct 2020 02:07:55
User entered 'None (1)'	System	05 Oct 2020 02:07:55

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:27:06

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-04T21:07:54', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '630cb463-130a-4065-9821-aa8149e192fd'	System	05 Oct 2020 02:07:55
User entered '04 Oct 2020 21:07'	System	05 Oct 2020 02:07:55

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:27:06

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '04 Oct 2020 12:00'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:27:06

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '05 Oct 2020 11:59'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	30 Sep 2020 20:20:16
User entered 'Day 6'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:27:06

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 (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-05T21:14:36', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '8e9df395-6210-4fe3-837d-c55a15ddeb67'	System	06 Oct 2020 02:14:51
User entered 'None (1)'	System	06 Oct 2020 02:14:51

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:27:06

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-05T21:14:39', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '8e9df395-6210-4fe3-837d-c55a15ddeb67'	System	06 Oct 2020 02:14:51
User entered 'No (N)'	System	06 Oct 2020 02:14:51

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-05T21:14:41', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '8e9df395-6210-4fe3-837d-c55a15ddeb67'	System	06 Oct 2020 02:14:51
User entered 'No (N)'	System	06 Oct 2020 02:14:51

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:27:06

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 (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-05T21:14:43', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '8e9df395-6210-4fe3-837d-c55a15ddeb67'	System	06 Oct 2020 02:14:51
User entered 'None (1)'	System	06 Oct 2020 02:14:51

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:27:06

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-05T21:14:46', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '8e9df395-6210-4fe3-837d-c55a15ddeb67'	System	06 Oct 2020 02:14:51
User entered '05 Oct 2020 21:14'	System	06 Oct 2020 02:14:51

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:27:06

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '05 Oct 2020 12:00'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:27:06

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '06 Oct 2020 11:59'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	30 Sep 2020 20:20:16
User entered 'Day 7'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 09:27:06

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 (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-06T23:20:23', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '1db795c6-1d09-4225-a2ca-b4308cc7ad52'	System	07 Oct 2020 04:20:43
User entered 'None (1)'	System	07 Oct 2020 04:20:43

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 09:27:06

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-06T23:20:28', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '1db795c6-1d09-4225-a2ca-b4308cc7ad52'	System	07 Oct 2020 04:20:43
User entered 'No (N)'	System	07 Oct 2020 04:20:43

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-06T23:20:32', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '1db795c6-1d09-4225-a2ca-b4308cc7ad52'	System	07 Oct 2020 04:20:43
User entered 'No (N)'	System	07 Oct 2020 04:20:43

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 09:27:06

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 (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-06T23:20:36', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '1db795c6-1d09-4225-a2ca-b4308cc7ad52'	System	07 Oct 2020 04:20:43
User entered 'None (1)'	System	07 Oct 2020 04:20:43

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 09:27:06

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-06T23:20:39', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '1db795c6-1d09-4225-a2ca-b4308cc7ad52'	System	07 Oct 2020 04:20:43
User entered '06 Oct 2020 23:20'	System	07 Oct 2020 04:20:43

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 09:27:06

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '06 Oct 2020 12:00'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 09:27:06

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '07 Oct 2020 11:59'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	30 Sep 2020 20:20:16
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:27:06

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-09-30T15:50:17', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'be86ca4f-5c56-417c-95d1-0ae3ce40e65e'	System	30 Sep 2020 20:50:43
User entered 'None (0)'	System	30 Sep 2020 20:50:43

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:27:06

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-09-30T15:50:19', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'be86ca4f-5c56-417c-95d1-0ae3ce40e65e'	System	30 Sep 2020 20:50:43
User entered 'None (0)'	System	30 Sep 2020 20:50:43

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:27:06

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-09-30T15:50:22', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'be86ca4f-5c56-417c-95d1-0ae3ce40e65e'	System	30 Sep 2020 20:50:43
User entered 'None (0)'	System	30 Sep 2020 20:50:43

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:27:06

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-09-30T15:50:24', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'be86ca4f-5c56-417c-95d1-0ae3ce40e65e'	System	30 Sep 2020 20:50:43
User entered 'None (0)'	System	30 Sep 2020 20:50:43

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:27:06

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-09-30T15:50:26', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'be86ca4f-5c56-417c-95d1-0ae3ce40e65e'	System	30 Sep 2020 20:50:43
User entered 'None (0)'	System	30 Sep 2020 20:50:43

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:27:06

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-09-30T15:50:28', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'be86ca4f-5c56-417c-95d1-0ae3ce40e65e'	System	30 Sep 2020 20:50:43
User entered 'None (0)'	System	30 Sep 2020 20:50:43

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:27:06

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 (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-09-30T15:50:35', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'be86ca4f-5c56-417c-95d1-0ae3ce40e65e'	System	30 Sep 2020 20:50:43
User entered 'No (N)'	System	30 Sep 2020 20:50:43

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:27:06

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-09-30T15:50:40', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'be86ca4f-5c56-417c-95d1-0ae3ce40e65e'	System	30 Sep 2020 20:50:43
User entered '30 Sep 2020 15:50'	System	30 Sep 2020 20:50:43

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:27:06

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '30 Sep 2020 15:37'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:27:06

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '30 Sep 2020 18:07'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	30 Sep 2020 20:20:16
User entered 'Day 1, after vaccination (at home)'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:27:06

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-09-30T23:29:23', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'fb880715-bde4-49d6-9cb6-366aa582551f'	System	01 Oct 2020 04:29:46
User entered 'None (0)'	System	01 Oct 2020 04:29:46

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:27:06

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-09-30T23:29:25', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'fb880715-bde4-49d6-9cb6-366aa582551f'	System	01 Oct 2020 04:29:46
User entered 'None (0)'	System	01 Oct 2020 04:29:46

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:27:06

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-09-30T23:29:27', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'fb880715-bde4-49d6-9cb6-366aa582551f'	System	01 Oct 2020 04:29:46
User entered 'None (0)'	System	01 Oct 2020 04:29:46

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:27:06

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-09-30T23:29:29', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'fb880715-bde4-49d6-9cb6-366aa582551f'	System	01 Oct 2020 04:29:46
User entered 'None (0)'	System	01 Oct 2020 04:29:46

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:27:06

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-09-30T23:29:31', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'fb880715-bde4-49d6-9cb6-366aa582551f'	System	01 Oct 2020 04:29:46
User entered 'None (0)'	System	01 Oct 2020 04:29:46

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:27:06

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-09-30T23:29:33', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'fb880715-bde4-49d6-9cb6-366aa582551f'	System	01 Oct 2020 04:29:46
User entered 'None (0)'	System	01 Oct 2020 04:29:46

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:27:06

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 (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-09-30T23:29:39', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'fb880715-bde4-49d6-9cb6-366aa582551f'	System	01 Oct 2020 04:29:46
User entered 'No (N)'	System	01 Oct 2020 04:29:46

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:27:06

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-09-30T23:29:42', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'fb880715-bde4-49d6-9cb6-366aa582551f'	System	01 Oct 2020 04:29:46
User entered '30 Sep 2020 23:29'	System	01 Oct 2020 04:29:46

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:27:06

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '30 Sep 2020 19:02'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:27:06

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '01 Oct 2020 11:59'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	30 Sep 2020 20:20:16
User entered 'Day 2'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:27:06

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-02T01:12:57', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'adb656c5-fdc1-4175-9d3a-258e2647954a'	System	02 Oct 2020 06:13:16
User entered 'None (0)'	System	02 Oct 2020 06:13:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:27:06

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-02T01:12:59', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'adb656c5-fdc1-4175-9d3a-258e2647954a'	System	02 Oct 2020 06:13:16
User entered 'None (0)'	System	02 Oct 2020 06:13:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:27:06

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-02T01:13:01', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'adb656c5-fdc1-4175-9d3a-258e2647954a'	System	02 Oct 2020 06:13:16
User entered 'None (0)'	System	02 Oct 2020 06:13:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:27:06

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-02T01:13:03', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'adb656c5-fdc1-4175-9d3a-258e2647954a'	System	02 Oct 2020 06:13:16
User entered 'None (0)'	System	02 Oct 2020 06:13:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:27:06

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-02T01:13:05', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'adb656c5-fdc1-4175-9d3a-258e2647954a'	System	02 Oct 2020 06:13:16
User entered 'None (0)'	System	02 Oct 2020 06:13:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:27:06

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-02T01:13:07', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'adb656c5-fdc1-4175-9d3a-258e2647954a'	System	02 Oct 2020 06:13:16
User entered 'None (0)'	System	02 Oct 2020 06:13:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:27:06

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 (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-02T01:13:10', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'adb656c5-fdc1-4175-9d3a-258e2647954a'	System	02 Oct 2020 06:13:16
User entered 'No (N)'	System	02 Oct 2020 06:13:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:27:06

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-02T01:13:12', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'adb656c5-fdc1-4175-9d3a-258e2647954a'	System	02 Oct 2020 06:13:16
User entered '02 Oct 2020 01:13'	System	02 Oct 2020 06:13:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:27:06

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '01 Oct 2020 12:00'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:27:06

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '02 Oct 2020 11:59'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	30 Sep 2020 20:20:16
User entered 'Day 3'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:27:06

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-02T23:09:38', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'a4c19a4e-39df-4499-a7b0-d524d6b18a03'	System	03 Oct 2020 04:09:55
User entered 'None (0)'	System	03 Oct 2020 04:09:55

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:27:06

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-02T23:09:40', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'a4c19a4e-39df-4499-a7b0-d524d6b18a03'	System	03 Oct 2020 04:09:55
User entered 'None (0)'	System	03 Oct 2020 04:09:55

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:27:06

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-02T23:09:42', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'a4c19a4e-39df-4499-a7b0-d524d6b18a03'	System	03 Oct 2020 04:09:55
User entered 'None (0)'	System	03 Oct 2020 04:09:55

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:27:06

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-02T23:09:44', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'a4c19a4e-39df-4499-a7b0-d524d6b18a03'	System	03 Oct 2020 04:09:55
User entered 'None (0)'	System	03 Oct 2020 04:09:55

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:27:06

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-02T23:09:45', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'a4c19a4e-39df-4499-a7b0-d524d6b18a03'	System	03 Oct 2020 04:09:55
User entered 'None (0)'	System	03 Oct 2020 04:09:55

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:27:06

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-02T23:09:47', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'a4c19a4e-39df-4499-a7b0-d524d6b18a03'	System	03 Oct 2020 04:09:55
User entered 'None (0)'	System	03 Oct 2020 04:09:55

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:27:06

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 (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-02T23:09:49', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'a4c19a4e-39df-4499-a7b0-d524d6b18a03'	System	03 Oct 2020 04:09:55
User entered 'No (N)'	System	03 Oct 2020 04:09:55

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:27:06

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-02T23:09:52', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'a4c19a4e-39df-4499-a7b0-d524d6b18a03'	System	03 Oct 2020 04:09:55
User entered '02 Oct 2020 23:09'	System	03 Oct 2020 04:09:55

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:27:06

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '02 Oct 2020 12:00'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:27:06

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '03 Oct 2020 11:59'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	30 Sep 2020 20:20:16
User entered 'Day 4'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:27:06

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-03T22:42:16', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'f00b218e-bb06-48d0-ba78-6595640bc77d'	System	04 Oct 2020 03:42:35
User entered 'None (0)'	System	04 Oct 2020 03:42:35

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:27:06

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-03T22:42:18', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'f00b218e-bb06-48d0-ba78-6595640bc77d'	System	04 Oct 2020 03:42:35
User entered 'None (0)'	System	04 Oct 2020 03:42:35

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:27:06

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-03T22:42:20', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'f00b218e-bb06-48d0-ba78-6595640bc77d'	System	04 Oct 2020 03:42:35
User entered 'None (0)'	System	04 Oct 2020 03:42:35

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:27:06

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-03T22:42:22', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'f00b218e-bb06-48d0-ba78-6595640bc77d' User entered 'None (0)'	System	04 Oct 2020 03:42:35
	System	04 Oct 2020 03:42:35

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:27:06

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-03T22:42:24', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'f00b218e-bb06-48d0-ba78-6595640bc77d'	System	04 Oct 2020 03:42:35
User entered 'None (0)'	System	04 Oct 2020 03:42:35

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:27:06

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-03T22:42:26', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'f00b218e-bb06-48d0-ba78-6595640bc77d'	System	04 Oct 2020 03:42:35
User entered 'None (0)'	System	04 Oct 2020 03:42:35

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:27:06

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 (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-03T22:42:29', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'f00b218e-bb06-48d0-ba78-6595640bc77d'	System	04 Oct 2020 03:42:35
User entered 'No (N)'	System	04 Oct 2020 03:42:35

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:27:06

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-03T22:42:33', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'f00b218e-bb06-48d0-ba78-6595640bc77d' User entered '03 Oct 2020 22:42'	System	04 Oct 2020 03:42:35
	System	04 Oct 2020 03:42:35

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:27:06

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '03 Oct 2020 12:00'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:27:06

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '04 Oct 2020 11:59'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	30 Sep 2020 20:20:16
User entered 'Day 5'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:27:06

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-04T21:07:58', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'ed2661e1-7867-483b-a65f-5ed32e2997a5'	System	05 Oct 2020 02:08:20
User entered 'None (0)'	System	05 Oct 2020 02:08:20

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:27:06

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-04T21:08:02', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'ed2661e1-7867-483b-a65f-5ed32e2997a5'	System	05 Oct 2020 02:08:20
User entered 'None (0)'	System	05 Oct 2020 02:08:20

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:27:06

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-04T21:08:04', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'ed2661e1-7867-483b-a65f-5ed32e2997a5'	System	05 Oct 2020 02:08:20
User entered 'None (0)'	System	05 Oct 2020 02:08:20

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:27:06

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-04T21:08:09', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'ed2661e1-7867-483b-a65f-5ed32e2997a5'	System	05 Oct 2020 02:08:20
User entered 'None (0)'	System	05 Oct 2020 02:08:20

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:27:06

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-04T21:08:11', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'ed2661e1-7867-483b-a65f-5ed32e2997a5'	System	05 Oct 2020 02:08:20
User entered 'None (0)'	System	05 Oct 2020 02:08:20

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:27:06

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-04T21:08:12', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'ed2661e1-7867-483b-a65f-5ed32e2997a5'	System	05 Oct 2020 02:08:20
User entered 'None (0)'	System	05 Oct 2020 02:08:20

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:27:06

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 (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-04T21:08:15', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'ed2661e1-7867-483b-a65f-5ed32e2997a5'	System	05 Oct 2020 02:08:20
User entered 'No (N)'	System	05 Oct 2020 02:08:20

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:27:06

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-04T21:08:18', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'ed2661e1-7867-483b-a65f-5ed32e2997a5'	System	05 Oct 2020 02:08:20
User entered '04 Oct 2020 21:08'	System	05 Oct 2020 02:08:20

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:27:06

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '04 Oct 2020 12:00'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:27:06

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '05 Oct 2020 11:59'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	30 Sep 2020 20:20:16
User entered 'Day 6'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:27:06

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-05T21:14:51', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '601d973e-4e75-4e00-9675-ba95e4109a0a'	System	06 Oct 2020 02:15:16
User entered 'None (0)'	System	06 Oct 2020 02:15:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:27:06

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-05T21:14:53', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '601d973e-4e75-4e00-9675-ba95e4109a0a'	System	06 Oct 2020 02:15:16
User entered 'None (0)'	System	06 Oct 2020 02:15:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:27:06

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-05T21:14:55', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '601d973e-4e75-4e00-9675-ba95e4109a0a'	System	06 Oct 2020 02:15:16
User entered 'None (0)'	System	06 Oct 2020 02:15:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:27:06

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-05T21:14:58', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '601d973e-4e75-4e00-9675-ba95e4109a0a' User entered 'None (0)'	System	06 Oct 2020 02:15:16
	System	06 Oct 2020 02:15:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:27:06

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-05T21:15:00', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '601d973e-4e75-4e00-9675-ba95e4109a0a'	System	06 Oct 2020 02:15:16
User entered 'None (0)'	System	06 Oct 2020 02:15:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:27:06

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-05T21:15:02', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '601d973e-4e75-4e00-9675-ba95e4109a0a'	System	06 Oct 2020 02:15:16
User entered 'None (0)'	System	06 Oct 2020 02:15:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:27:06

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 (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-05T21:15:09', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '601d973e-4e75-4e00-9675-ba95e4109a0a'	System	06 Oct 2020 02:15:16
User entered 'No (N)'	System	06 Oct 2020 02:15:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:27:06

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-05T21:15:13', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: '601d973e-4e75-4e00-9675-ba95e4109a0a' User entered '05 Oct 2020 21:15'	System	06 Oct 2020 02:15:16
	System	06 Oct 2020 02:15:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:27:06

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '05 Oct 2020 12:00'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:27:06

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '06 Oct 2020 11:59'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	30 Sep 2020 20:20:16
User entered 'Day 7'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:27:06

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-06T23:20:43', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'e5c1ca6e-80fe-43f9-83a3-1368cce5e46b'	System	07 Oct 2020 04:21:05
User entered 'None (0)'	System	07 Oct 2020 04:21:05

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:27:06

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-06T23:20:46', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'e5c1ca6e-80fe-43f9-83a3-1368cce5e46b'	System	07 Oct 2020 04:21:05
User entered 'None (0)'	System	07 Oct 2020 04:21:05

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:27:06

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-06T23:20:49', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'e5c1ca6e-80fe-43f9-83a3-1368cce5e46b'	System	07 Oct 2020 04:21:05
User entered 'None (0)'	System	07 Oct 2020 04:21:05

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:27:06

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-06T23:20:51', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'e5c1ca6e-80fe-43f9-83a3-1368cce5e46b' User entered 'None (0)'	System	07 Oct 2020 04:21:05

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:27:06

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-06T23:20:54', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'e5c1ca6e-80fe-43f9-83a3-1368cce5e46b'	System	07 Oct 2020 04:21:05
User entered 'None (0)'	System	07 Oct 2020 04:21:05

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:27:06

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-06T23:20:56', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'e5c1ca6e-80fe-43f9-83a3-1368cce5e46b'	System	07 Oct 2020 04:21:05
User entered 'None (0)'	System	07 Oct 2020 04:21:05

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:27:06

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 (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-06T23:20:59', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'e5c1ca6e-80fe-43f9-83a3-1368cce5e46b'	System	07 Oct 2020 04:21:05
User entered 'No (N)'	System	07 Oct 2020 04:21:05

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:27:06

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (54A7ABC4-357B-4958-A3E1-BD1001529A1A)', Time: '2020-10-06T23:21:02', User OID: 'PatientReportedOutcome (US3442204)', ODM File OID: 'e5c1ca6e-80fe-43f9-83a3-1368cce5e46b' User entered '06 Oct 2020 23:21'	System	07 Oct 2020 04:21:05
	System	07 Oct 2020 04:21:05

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:27:06

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '06 Oct 2020 12:00'	System	30 Sep 2020 20:20:16

US3442204

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:27:06

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '07 Oct 2020 11:59'	System	30 Sep 2020 20:20:16

US3442204

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:06

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	14 Oct 2020 16:09:27

US3442204

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '7 Oct 2020'	(b) (4), (b) (6)	14 Oct 2020 16:09:27

US3442204

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	14 Oct 2020 16:09:27

US3442204

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:06

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	14 Oct 2020 16:09:27

US3442204

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	14 Oct 2020 16:09:33

US3442204

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:06

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	14 Oct 2020 16:09:33

US3442204

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:06

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	14 Oct 2020 16:09:58

US3442204

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '14 Oct 2020'	(b) (4), (b) (6)	14 Oct 2020 16:09:58

US3442204

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	14 Oct 2020 16:09:58

US3442204

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:06

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	14 Oct 2020 16:09:58

US3442204

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	14 Oct 2020 16:10:03

US3442204

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:06

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	14 Oct 2020 16:10:03

US3442204

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:06

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	22 Oct 2020 15:37:52

US3442204

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '21 Oct 2020'	(b) (4), (b) (6)	22 Oct 2020 15:37:52

US3442204

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	22 Oct 2020 15:37:52

US3442204

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:06

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	22 Oct 2020 15:37:52

US3442204

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	22 Oct 2020 15:37:56

US3442204

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:06

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	22 Oct 2020 15:37:56

US3442204

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 09:27:06

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	26 Oct 2020 18:07:50

US3442204

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '26 Oct 2020'	(b) (4), (b) (6)	26 Oct 2020 18:07:50

US3442204

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	(b) (4), (b) (6)	26 Oct 2020 18:07:50

US3442204

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 09:27:06

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'VISIT2'	System	26 Oct 2020 18:07:50

US3442204

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:06

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Pre-Dose (PREDOSE)'	(b) (4), (b) (6)	26 Oct 2020 18:09:12

US3442204

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:06

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	26 Oct 2020 18:09:12

US3442204

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:06

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '26 Oct 2020'	(b) (4), (b) (6)	26 Oct 2020 18:09:12

US3442204

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '11:33'	(b) (4), (b) (6)	26 Oct 2020 18:09:12

US3442204

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '26 Oct 2020 11:33'	System	26 Oct 2020 18:09:12

US3442204

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:06

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '97.1' F	(b) (4), (b) (6)	26 Oct 2020 18:09:12

US3442204

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:06

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	(b) (4), (b) (6)	26 Oct 2020 18:09:12

US3442204

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:06

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	26 Oct 2020 18:09:12

US3442204

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:06

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '61'	(b) (4), (b) (6)	26 Oct 2020 18:09:12

US3442204

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:06

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	26 Oct 2020 18:09:12

US3442204

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '16'	(b) (4), (b) (6)	26 Oct 2020 18:09:12

US3442204

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:06

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	26 Oct 2020 18:09:12

US3442204

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:06

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '135'	(b) (4), (b) (6)	26 Oct 2020 18:09:12

US3442204

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:06

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	26 Oct 2020 18:09:12

US3442204

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:06

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '87'	(b) (4), (b) (6)	26 Oct 2020 18:09:12

US3442204

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:06

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	26 Oct 2020 18:09:12

US3442204

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:06

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Post-Dose (POSTDOSE)'	(b) (4), (b) (6)	26 Oct 2020 18:09:12

US3442204

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:06

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	26 Oct 2020 18:09:12

US3442204

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:06

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	26 Oct 2020 18:09:12

US3442204

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	26 Oct 2020 18:09:12

US3442204

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered empty.	System	26 Oct 2020 18:09:12

US3442204

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:06

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	26 Oct 2020 18:09:12

US3442204

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:06

[Route of measurement](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	26 Oct 2020 18:09:12

US3442204

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:06

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	26 Oct 2020 18:09:12

US3442204

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:06

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	26 Oct 2020 18:09:12

US3442204

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:06

[Pulse units](#)

Audit	User	Time (GMT)
User entered empty.	System	26 Oct 2020 18:09:12

US3442204

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	26 Oct 2020 18:09:12

US3442204

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:06

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered empty.	System	26 Oct 2020 18:09:12

US3442204

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:06

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	26 Oct 2020 18:09:12

US3442204

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:06

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered empty.	System	26 Oct 2020 18:09:12

US3442204

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:06

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	26 Oct 2020 18:09:12

US3442204

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:06

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered empty.	System	26 Oct 2020 18:09:12

US3442204

Folder: Visit 2 Day 29 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 09:27:06

[Was the physical examination performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	26 Oct 2020 18:09:39

US3442204

Folder: Visit 2 Day 29 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 09:27:06

Date of examination (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '26 Oct 2020'	(b) (4), (b) (6)	26 Oct 2020 18:09:39

US3442204

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 09:27:06

[Was study treatment given?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	26 Oct 2020 18:10:33

US3442204

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 09:27:06

[If No, reason not given](#)

Audit	User	Time (GMT)
User entered 'Confirmed COVID-19 (COVID)'	(b) (4), (b) (6)	26 Oct 2020 18:10:33

US3442204

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	26 Oct 2020 18:10:33

US3442204

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 09:27:06

[What was the study treatment?](#)

Audit	User	Time (GMT)
User entered empty.	System	26 Oct 2020 18:10:33

US3442204

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 09:27:06

What was the treatment date? (dd MMM yyyy)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	26 Oct 2020 18:10:33

US3442204

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	26 Oct 2020 18:10:33

US3442204

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered empty.	System	26 Oct 2020 18:10:33

US3442204

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	26 Oct 2020 18:10:33

US3442204

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered empty.	System	26 Oct 2020 18:10:33

US3442204

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered empty.	System	26 Oct 2020 18:10:33

US3442204

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:27:06

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	26 Oct 2020 18:10:58

US3442204

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:27:06

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '26 Oct 2020'	(b) (4), (b) (6)	26 Oct 2020 18:10:58

US3442204

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:27:06

Collection time (00:00-23:59)

Audit	User	Time (GMT)
User entered '11:47'	(b) (4), (b) (6)	26 Oct 2020 18:10:58

US3442204

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '26 Oct 2020 11:47'	System	26 Oct 2020 18:10:58

US3442204

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 09:27:06

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '26 Oct 2020'	(b) (4), (b) (6)	26 Oct 2020 18:11:27

US3442204

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 09:27:06

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 1 (NASAL1)'	(b) (4), (b) (6)	26 Oct 2020 18:11:27

US3442204

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 09:27:06

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	26 Oct 2020 18:11:27

US3442204

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 09:27:06

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
User entered '11:42'	(b) (4), (b) (6)	26 Oct 2020 18:11:27

US3442204

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '26 Oct 2020 11:42'	System	26 Oct 2020 18:11:27

US3442204

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 09:27:06

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 2 (NASAL2)'	(b) (4), (b) (6)	26 Oct 2020 18:11:27

US3442204

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 09:27:06

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	26 Oct 2020 18:11:27

US3442204

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 09:27:06

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	26 Oct 2020 18:11:27

US3442204

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered empty.	System	26 Oct 2020 18:11:27

US3442204

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	26 Oct 2020 18:11:33

US3442204

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:06

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	26 Oct 2020 18:11:33

US3442204

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:06

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Oluwatosin Akingbala (b) (4)	02 Nov 2020 20:46:50

US3442204

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '2 Nov 2020'	Oluwatosin Akingbala (b) (4)	02 Nov 2020 20:46:50

US3442204

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Oluwatosin Akingbala (b) (4)	02 Nov 2020 20:46:50

US3442204

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:06

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Oluwatosin Akingbala (b) (4)	02 Nov 2020 20:46:50

US3442204

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Oluwatosin Akingbala (b) (4)	02 Nov 2020 20:46:58

US3442204

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:06

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	02 Nov 2020 20:46:58

US3442204

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:06

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Oluwatosin Akingbala (b) (4)	09 Nov 2020 17:46:56

US3442204

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '9 Nov 2020'	Oluwatosin Akingbala (b) (4)	09 Nov 2020 17:46:56

US3442204

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Oluwatosin Akingbala (b) (4)	09 Nov 2020 17:46:56

US3442204

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:06

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Oluwatosin Akingbala (b) (4)	09 Nov 2020 17:46:56

US3442204

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Oluwatosin Akingbala (b) (4)	09 Nov 2020 17:47:14

US3442204

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:06

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	09 Nov 2020 17:47:14

US3442204

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:06

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Oluwatosin Akingbala (b) (4)	16 Nov 2020 22:35:50

US3442204

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '16 Nov 2020'	Oluwatosin Akingbala (b) (4)	16 Nov 2020 22:35:50

US3442204

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Oluwatosin Akingbala (b) (4)	16 Nov 2020 22:35:50

US3442204

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:06

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Oluwatosin Akingbala (b) (4)	16 Nov 2020 22:35:50

US3442204

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Oluwatosin Akingbala (b) (4)	16 Nov 2020 22:35:58

US3442204

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:06

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	16 Nov 2020 22:35:58

US3442204

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 09:27:06

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Oluwatosin Akingbala (b) (4)	20 Nov 2020 17:59:14

US3442204

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '20 Nov 2020'	Oluwatosin Akingbala (b) (4)	20 Nov 2020 17:59:14

US3442204

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	Oluwatosin Akingbala (b) (4)	20 Nov 2020 17:59:14

US3442204

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 09:27:06

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'VISIT3'	System	20 Nov 2020 17:59:14

US3442204

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Oluwatosin Akingbala (b) (4)	20 Nov 2020 18:02:28

US3442204

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	Oluwatosin Akingbala (b) (4)	20 Nov 2020 18:02:28

US3442204

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered empty.	Oluwatosin Akingbala (b) (4)	20 Nov 2020 18:02:28

US3442204

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered empty.	System	20 Nov 2020 18:02:28

US3442204

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered empty.	Oluwatosin Akingbala (b) (4)	20 Nov 2020 18:02:28

US3442204

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

[Route of measurement](#)

Audit	User	Time (GMT)
User entered empty.	Oluwatosin Akingbala (b) (4)	20 Nov 2020 18:02:28

US3442204

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Oluwatosin Akingbala (b) (4)	20 Nov 2020 18:02:28

US3442204

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered empty.	Oluwatosin Akingbala (b) (4)	20 Nov 2020 18:02:28

US3442204

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

[Pulse units](#)

Audit	User	Time (GMT)
User entered empty.	System	20 Nov 2020 18:02:28

US3442204

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered empty.	Oluwatosin Akingbala (b) (4)	20 Nov 2020 18:02:28

US3442204

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered empty.	System	20 Nov 2020 18:02:28

US3442204

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered empty.	Oluwatosin Akingbala (b) (4)	20 Nov 2020 18:02:28

US3442204

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered empty.	System	20 Nov 2020 18:02:28

US3442204

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered empty.	Oluwatosin Akingbala (b) (4)	20 Nov 2020 18:02:28

US3442204

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:06

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered empty.	System	20 Nov 2020 18:02:28

US3442204

Folder: Visit 3 Day 57 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 09:27:06

Was the physical examination performed?

Audit	User	Time (GMT)
User entered 'No (N)'	Oluwatosin Akingbala (b) (4)	20 Nov 2020 18:02:35

US3442204

Folder: Visit 3 Day 57 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 09:27:06

Date of examination (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	Oluwatosin Akingbala (b) (4)	20 Nov 2020 18:02:35

US3442204

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:27:06

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Oluwatosin Akingbala (b) (4)	20 Nov 2020 18:03:39

US3442204

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:27:06

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '20 Nov 2020'	Oluwatosin Akingbala (b) (4)	20 Nov 2020 18:03:39

US3442204

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '11:09'	Oluwatosin Akingbala (b) (4)	20 Nov 2020 18:03:39

US3442204

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered '20 Nov 2020 11:09'	System	20 Nov 2020 18:03:39

US3442204

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Oluwatosin Akingbala (b) (4)	20 Nov 2020 18:03:47

US3442204

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:06

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	20 Nov 2020 18:03:47

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 61'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '27 Nov 2020 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '01 Dec 2020 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 68'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '04 Dec 2020 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '08 Dec 2020 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 75'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '11 Dec 2020 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '15 Dec 2020 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 82'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '18 Dec 2020 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '22 Dec 2020 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 89'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '25 Dec 2020 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '29 Dec 2020 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 96'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '01 Jan 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '05 Jan 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 103'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '08 Jan 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '12 Jan 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 110'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '15 Jan 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '19 Jan 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 117'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '22 Jan 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '26 Jan 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 124'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '29 Jan 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '02 Feb 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 131'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '05 Feb 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '09 Feb 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 138'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '12 Feb 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '16 Feb 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 145'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '19 Feb 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '23 Feb 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 152'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '26 Feb 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '02 Mar 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 159'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '05 Mar 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '09 Mar 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 166'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '12 Mar 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '16 Mar 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 173'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '19 Mar 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '23 Mar 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 180'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '26 Mar 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '30 Mar 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 187'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '02 Apr 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '06 Apr 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 194'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '09 Apr 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '13 Apr 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 201'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '16 Apr 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '20 Apr 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 208'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '23 Apr 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '27 Apr 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 215'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '30 Apr 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '04 May 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 222'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '07 May 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '11 May 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 229'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '14 May 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '18 May 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 236'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '21 May 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '25 May 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 243'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '28 May 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '01 Jun 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 250'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '04 Jun 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '08 Jun 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 257'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '11 Jun 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '15 Jun 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 264'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '18 Jun 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '22 Jun 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 271'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '25 Jun 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '29 Jun 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 278'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '02 Jul 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '06 Jul 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 285'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '09 Jul 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '13 Jul 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 292'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '16 Jul 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '20 Jul 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 299'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '23 Jul 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '27 Jul 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 306'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '30 Jul 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '03 Aug 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 313'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '06 Aug 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '10 Aug 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 320'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '13 Aug 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '17 Aug 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 327'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '20 Aug 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '24 Aug 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 334'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '27 Aug 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '31 Aug 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 341'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '03 Sep 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '07 Sep 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 348'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '10 Sep 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '14 Sep 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 355'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '17 Sep 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '21 Sep 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 362'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '24 Sep 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '28 Sep 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 369'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '01 Oct 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '05 Oct 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 376'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '08 Oct 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '12 Oct 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 383'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '15 Oct 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '19 Oct 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 390'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '22 Oct 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '26 Oct 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 397'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '29 Oct 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '02 Nov 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 404'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '05 Nov 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '09 Nov 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 411'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '12 Nov 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '16 Nov 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 418'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '19 Nov 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '23 Nov 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 425'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '26 Nov 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '30 Nov 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 432'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '03 Dec 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '07 Dec 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 439'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '10 Dec 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '14 Dec 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 446'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '17 Dec 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '21 Dec 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 453'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '24 Dec 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '28 Dec 2021 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 460'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '31 Dec 2021 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '04 Jan 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 467'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '07 Jan 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '11 Jan 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 474'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '14 Jan 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '18 Jan 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 481'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '21 Jan 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '25 Jan 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 488'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '28 Jan 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '01 Feb 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 495'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '04 Feb 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '08 Feb 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 502'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '11 Feb 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '15 Feb 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 509'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '18 Feb 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '22 Feb 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 516'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '25 Feb 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '01 Mar 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 523'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '04 Mar 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '08 Mar 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 530'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '11 Mar 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '15 Mar 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 537'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '18 Mar 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '22 Mar 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 544'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '25 Mar 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '29 Mar 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 551'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '01 Apr 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '05 Apr 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 558'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '08 Apr 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '12 Apr 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 565'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '15 Apr 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '19 Apr 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 572'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '22 Apr 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '26 Apr 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 579'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '29 Apr 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '03 May 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 586'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '06 May 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '10 May 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 593'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '13 May 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '17 May 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 600'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '20 May 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '24 May 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 607'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '27 May 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '31 May 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 614'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '03 Jun 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '07 Jun 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 621'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '10 Jun 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '14 Jun 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 628'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '17 Jun 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '21 Jun 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 635'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '24 Jun 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '28 Jun 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 642'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '01 Jul 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '05 Jul 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 649'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '08 Jul 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '12 Jul 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 656'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '15 Jul 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '19 Jul 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 663'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '22 Jul 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '26 Jul 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 670'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '29 Jul 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '02 Aug 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 677'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '05 Aug 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '09 Aug 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 684'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '12 Aug 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '16 Aug 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 691'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '19 Aug 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '23 Aug 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 698'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '26 Aug 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '30 Aug 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 705'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '02 Sep 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '06 Sep 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 712'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '09 Sep 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '13 Sep 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 719'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '16 Sep 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '20 Sep 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 726'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '23 Sep 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '27 Sep 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 733'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '30 Sep 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '04 Oct 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 740'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '07 Oct 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '11 Oct 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 747'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '14 Oct 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '18 Oct 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 754'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '21 Oct 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '25 Oct 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 761'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '28 Oct 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '01 Nov 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 768'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '04 Nov 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '08 Nov 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 775'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '11 Nov 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '15 Nov 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 782'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '18 Nov 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '22 Nov 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 789'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '25 Nov 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '29 Nov 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered 'Day 796'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '02 Dec 2022 00:01'	System	20 Nov 2020 11:22:50

US3442204

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:06

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 11:22:50
Amendment Manager: User entered '06 Dec 2022 23:59'	System	20 Nov 2020 11:22:50

US3442204

Folder: Covid-19 Assessment 30 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 09:27:06

[Date of Contact](#)

Audit	User	Time (GMT)
User entered '30 Sep 2020'	(b) (4), (b) (6)	21 Oct 2020 20:33:36

US3442204

Folder: Covid-19 Assessment 30 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 09:27:06

[Time of Contact](#)

Audit	User	Time (GMT)
User entered '14:24'	(b) (4), (b) (6)	21 Oct 2020 20:33:36

US3442204

Folder: Covid-19 Assessment 30 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 09:27:06

[Date and Time of Contact \(derived\)](#)

Audit	User	Time (GMT)
User entered '30 Sep 2020 14:24'	System	21 Oct 2020 20:33:36

US3442204

Folder: Covid-19 Assessment 30 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 09:27:06

[Type of Contact](#)

Audit	User	Time (GMT)
User entered 'Clinic Visit - Scheduled (Clinic Visit - Scheduled)'	(b) (4), (b) (6)	21 Oct 2020 20:33:36

US3442204

Folder: Covid-19 Assessment 30 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 09:27:06

[Has the subject reported symptoms of SARS-COV-2?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Oct 2020 20:33:36

US3442204

Folder: Covid-19 Assessment 30 Sep 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 09:27:06

[Generate Next COVID-19 Assessment](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	21 Oct 2020 20:33:51

US3442204

Folder: Adverse Events

Form: Adverse Events Summary

Generated On: 26 Nov 2020 09:27:06

[Did the participant experience any adverse events?](#)

Audit	User	Time (GMT)
User entered 'No (N)' reason for change: Data Entry Error	Tisha Davis (b) (4)	07 Oct 2020 15:18:26
User entered 'Yes (Y)' reason for change: Data Entry Error	Tisha Davis (b) (4)	07 Oct 2020 15:15:13
User entered 'No (N)'	(b) (4), (b) (6)	30 Sep 2020 20:59:51

US3442204

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination Summary

Generated On: 26 Nov 2020 09:27:06

[Were any prior/concomitant medications and/or vaccinations taken?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	30 Sep 2020 21:01:28

US3442204

Folder: Concomitant Procedures (1)

Form: Concomitant Procedures Summary

Generated On: 26 Nov 2020 09:27:06

[Were any concomitant procedures performed?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	(b) (4), (b) (6)	30 Sep 2020 20:59:57

US3442204

Folder: End of Study (1)

Form: Dosing Discontinuation

Generated On: 26 Nov 2020 09:27:06

[Date of dosing discontinuation \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
User entered '26 Oct 2020'	Alma Guel (b) (4)	23 Nov 2020 22:18:48

US3442204

Folder: End of Study (1)

Form: Dosing Discontinuation

Generated On: 26 Nov 2020 09:27:06

[Primary reason for dosing discontinuation](#)

Audit	User	Time (GMT)
User entered 'Due to SARS-COV-2 (COVID)'	Alma Guel (b) (4)	23 Nov 2020 22:18:48

US3442204

Folder: End of Study (1)

Form: Dosing Discontinuation

Generated On: 26 Nov 2020 09:27:06

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

Audit	User	Time (GMT)
User entered empty.	Alma Guel (b) (4)	23 Nov 2020 22:18:48