

US3452200 (Prod: Lynn Health Science Institute)

Generated By: (b) (6)

Generated On: 26 Nov 2020 09:27:47

All time stamps listed in this document are displayed in GMT

US3452200

Form: Participant Creation

Generated On: 26 Nov 2020 09:27:47

[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 09:27:47

Was this visit performed?	Yes ☒
	No ☐
Visit date (dd MMM yyyy)	04 AUG 2020
Was visit performed at the participant's home or at the clinic?	Home ☐
	Clinic ☒
Folder OID	SCRN

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Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:27:47

Date of Birth (MMM yyyy)	(b) (6) 1964
Age	56
Age Units	YEARS
Age (Derived)	56
Sex	Female ☐ Male ☒
Ethnicity	Hispanic or Latino ☐ Not Hispanic or Latino ☒ Not Reported ☐ Unknown ☐
Race (Check All That Apply)	
White	True
Black	False
Asian	False
American Indian or Alaska Native	False
Native Hawaiian or other Pacific Islander	False
Other	False
If race is Other, specify _____	
Unknown	False
Not reported	False

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Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 09:27:47

Date of Informed Consent (<i>dd MMM yyyy</i>)	04 AUG 2020
Month and Year of Informed Consent (derived)	AUG 2020
Year of Informed Consent (derived)	2020
Protocol Version	Amendment 1 ☒
	Amendment 2 ☐
	Amendment 3 ☐
	Amendment 4 ☐
	Amendment 5 ☐
Was participant enrolled in the study?	Yes ☒
	No ☐
If No, indicate reason for screen fail	Withdrew Consent ☐
	Inclusion/Exclusion ☐
	Cohort Full ☐
	Other ☐
If reason for screen fail is Other, specify	
Was this participant screened previously?	Yes ☐
	No ☒
If Yes, previous participant number	
Enrollment Trigger	1

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Folder: Screening

Form: Inclusion/Exclusion Criteria Summary

Generated On: 26 Nov 2020 09:27:47

Did the participant meet all eligibility criteria?

Yes ☒

No ☐

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Folder: Screening

Form: Medical History Summary

Generated On: 26 Nov 2020 09:27:47

Were any significant conditions reported?

Yes ☒

No ☐

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Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 09:27:47

Condition	HYPERCHOLESTEROLEMIA
Start date (dd MMM yyyy)	UN UNK 2000
Start date completely unknown	False
Condition ongoing at study entry	Yes ☒ No ☐
If No, please specify the stop date (dd MMM yyyy)	
Stop date completely unknown	False
Start Month and Year (derived)	JAN 2000
Start Year (derived)	2000
Stop Month and Year (derived)	
Stop Year (derived)	

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Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 09:27:47

Condition	HIGH BLOOD PRESSURE
Start date (dd MMM yyyy)	UN UNK 2000
Start date completely unknown	False
Condition ongoing at study entry	Yes ☒ No ☐
If No, please specify the stop date (dd MMM yyyy)	
Stop date completely unknown	False
Start Month and Year (derived)	JAN 2000
Start Year (derived)	2000
Stop Month and Year (derived)	
Stop Year (derived)	

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Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 09:27:47

Condition	VASECTOMY
Start date (dd MMM yyyy)	UN UNK 2012
Start date completely unknown	False
Condition ongoing at study entry	Yes ☐ No ☒
If No, please specify the stop date (dd MMM yyyy)	UN UNK 2012
Stop date completely unknown	False
Start Month and Year (derived)	JAN 2012
Start Year (derived)	2012
Stop Month and Year (derived)	JAN 2012
Stop Year (derived)	2012

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Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 09:27:47

Condition	ALLERGY TO PENICILLIN
Start date (dd MMM yyyy)	UN UNK 1970
Start date completely unknown	False
Condition ongoing at study entry	Yes ☒ No ☐
If No, please specify the stop date (dd MMM yyyy)	
Stop date completely unknown	False
Start Month and Year (derived)	JAN 1970
Start Year (derived)	1970
Stop Month and Year (derived)	
Stop Year (derived)	

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Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

Were vital signs assessed?	Yes ☒
	No ☐
Date of assessment (<i>dd MMM yyyy</i>)	04 AUG 2020
Time of assessment (<i>00:00-23:59</i>)	14:06 (24 HR)
Vital Signs Date and Time (derived)	04 AUG 2020 14:06
Height (<i>xxx.x</i>)	74.7 in
Weight (<i>xxx.x</i>)	204.6 lb
BMI (<i>xxx.x</i>)	25.83297 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 09:27:47

Was the physical examination performed?

Yes ☒

No ☐

Date of examination (dd MMM yyyy)

04 AUG 2020

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

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Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:47

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	True
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)	False
Other	False
Specify	

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Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 09:27:47

Was this visit performed?	Yes ☒
	No ☐
Visit date (dd MMM yyyy)	04 AUG 2020
Was visit performed at the participant's home or at the clinic?	Home ☐
	Clinic ☒
Folder OID	VISIT1

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Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 09:27:47

What was the date of randomization? (dd MMM yyyy) 04 AUG 2020

What was the participant's randomization number? 101006

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 ☒

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Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 09:27:47

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 09:27:47

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)	04 AUG 2020
Time of assessment (00:00-23:59)	14:06 (24 HR)
Vital Signs Date and Time (derived)	04 AUG 2020 14:06
Temperature (xxx.x)	98.2 F
Route of measurement	Oral ☒ Axillary ☐ Other ☐
If Other, specify	
Pulse (xxx)	67 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	132 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	84 mmHg
Diastolic Blood Pressure units	MMHG

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Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:47

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)	04 AUG 2020
Time of assessment (00:00-23:59)	15:00 (24 HR)
Vital Signs Date and Time (derived)	04 AUG 2020 15:00
Temperature (xxx.x)	98.6 F
Route of measurement	Oral ☒ Axillary ☐ Other ☐
If Other, specify	
Pulse (xxx)	68 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	14 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	125 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	76 mmHg
Diastolic Blood Pressure units	MMHG

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Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 09:27:47

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 09:27:47

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)	04 AUG 2020
What was the treatment time? (00:00-23:59)	14:20 (24 HR)
Treatment Date and Time (derived)	04 AUG 2020 14:20
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 09:27:47

Was the sample collected?

Yes ☒

No ☐

Collection date (*dd MMM yyyy*)

04 AUG 2020

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

14:10 (24 HR)

Collection date and time (derived)

04 AUG 2020 14:10

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Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 09:27:47

Collection date (<i>dd MMM yyyy</i>)			04 AUG 2020
Lab Test	Was the sample collected?	Collection time (<i>00:00 - 23:59</i>)	Collection date and time (derived)
Nasopharyngeal Swab 1	Yes	14:08	04 AUG 2020 14:08
Nasopharyngeal Swab 2	Yes	14:08	04 AUG 2020 14:08

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Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 09:27:47

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 09:27:47

TIMEPOINT

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

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

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

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

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

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

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

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

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

98.6 °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 AUG 2020 14:57

PC Open Date & Time

04 AUG 2020 14:40

PC Close Date & Time

04 AUG 2020 17:10

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Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:27:47

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 98.8 °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):

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

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

PC Time Stamp 04 AUG 2020 18:22

PC Open Date & Time 04 AUG 2020 18:05

PC Close Date & Time 05 AUG 2020 11:59

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Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 09:27:47

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	99.8 °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):

To TREAT pain or fever that has already occurred	True
To PREVENT pain or fever from occurring	False

PC Time Stamp	05 AUG 2020 19:01
PC Open Date & Time	05 AUG 2020 12:00
PC Close Date & Time	06 AUG 2020 11:59

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Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 09:27:47

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	99.0 °F
Was any MEDICATION TAKEN today for pain or fever ?	Yes ☒
	No ☐

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

To TREAT pain or fever that has already occurred	True
To PREVENT pain or fever from occurring	False

PC Time Stamp	06 AUG 2020 18:31
PC Open Date & Time	06 AUG 2020 12:00
PC Close Date & Time	07 AUG 2020 11:59

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Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 09:27:47

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	99.9 °F
Was any MEDICATION TAKEN today for pain or fever ?	Yes ☒
	No ☐

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

To TREAT pain or fever that has already occurred	True
To PREVENT pain or fever from occurring	False

PC Time Stamp	07 AUG 2020 15:59
PC Open Date & Time	07 AUG 2020 12:00
PC Close Date & Time	08 AUG 2020 11:59

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Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 09:27:47

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

99.1 °F

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

Yes ☐

No ☒

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

PC Time Stamp

08 AUG 2020 18:28

PC Open Date & Time

08 AUG 2020 12:00

PC Close Date & Time

09 AUG 2020 11:59

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Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 09:27:47

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

99.1 °F

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

Yes ☐

No ☒

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

PC Time Stamp

09 AUG 2020 12:29

PC Open Date & Time

09 AUG 2020 12:00

PC Close Date & Time

10 AUG 2020 11:59

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 09:27:47

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

99.2 °F

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

Yes ☐

No ☒

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

PC Time Stamp

10 AUG 2020 12:38

PC Open Date & Time

10 AUG 2020 12:00

PC Close Date & Time

11 AUG 2020 11:59

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:27:47

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

04 AUG 2020 14:57

PC Open Date & Time

04 AUG 2020 14:40

PC Close Date & Time

04 AUG 2020 17:10

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:27:47

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

04 AUG 2020 18:22

PC Open Date & Time

04 AUG 2020 18:05

PC Close Date & Time

05 AUG 2020 11:59

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

DAY 2

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

05 AUG 2020 19:05

PC Open Date & Time

05 AUG 2020 12:00

PC Close Date & Time

06 AUG 2020 11:59

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 09:27:47

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

06 AUG 2020 18:32

PC Open Date & Time

06 AUG 2020 12:00

PC Close Date & Time

07 AUG 2020 11:59

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:27:47

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

07 AUG 2020 15:59

PC Open Date & Time

07 AUG 2020 12:00

PC Close Date & Time

08 AUG 2020 11:59

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:27:47

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

08 AUG 2020 18:29

PC Open Date & Time

08 AUG 2020 12:00

PC Close Date & Time

09 AUG 2020 11:59

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:27:47

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

09 AUG 2020 12:29

PC Open Date & Time

09 AUG 2020 12:00

PC Close Date & Time

10 AUG 2020 11:59

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 09:27:47

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

10 AUG 2020 12:39

PC Open Date & Time

10 AUG 2020 12:00

PC Close Date & Time

11 AUG 2020 11:59

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:27:47

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

No ☒

Yes ☐

PC Time stamp	04 AUG 2020 14:58
PC Open Date & Time	04 AUG 2020 14:40
PC Close Date & Time	04 AUG 2020 17:10

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:27:47

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

No ☒

Yes ☐

PC Time stamp	04 AUG 2020 18:19
PC Open Date & Time	04 AUG 2020 18:05
PC Close Date & Time	05 AUG 2020 11:59

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:27:47

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 ☒

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:27:47

Yes ☐	
PC Time stamp	05 AUG 2020 19:05
PC Open Date & Time	05 AUG 2020 12:00
PC Close Date & Time	06 AUG 2020 11:59

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:27:47

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 ☒

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:27:47

Yes ☐	
PC Time stamp	06 AUG 2020 18:32
PC Open Date & Time	06 AUG 2020 12:00
PC Close Date & Time	07 AUG 2020 11:59

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:27:47

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 ☒

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:27:47

Yes ☐	
PC Time stamp	07 AUG 2020 15:59
PC Open Date & Time	07 AUG 2020 12:00
PC Close Date & Time	08 AUG 2020 11:59

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:27:47

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 ☒

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:27:47

Yes ☐	
PC Time stamp	08 AUG 2020 18:29
PC Open Date & Time	08 AUG 2020 12:00
PC Close Date & Time	09 AUG 2020 11:59

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:27:47

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 ☒

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:27:47

Yes ☐	
PC Time stamp	09 AUG 2020 12:29
PC Open Date & Time	09 AUG 2020 12:00
PC Close Date & Time	10 AUG 2020 11:59

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:27:47

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 ☒

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:27:47

Yes ☐	
PC Time stamp	10 AUG 2020 12:39
PC Open Date & Time	10 AUG 2020 12:00
PC Close Date & Time	11 AUG 2020 11:59

US3452200

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

Was Contact Attempted?

Yes ☒

No ☐

Date of Contact or Contact Attempt (dd MMM yyyy)

11 AUG 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3452200

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:47

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3452200

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

Was Contact Attempted?

Yes ☒

No ☐

Date of Contact or Contact Attempt (dd MMM yyyy)

18 AUG 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3452200

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:47

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3452200

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

Was Contact Attempted?

Yes ☒

No ☐

Date of Contact or Contact Attempt (dd MMM yyyy)

25 AUG 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3452200

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:47

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3452200

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 09:27:47

Was this visit performed?	Yes ☒
	No ☐
Visit date (dd MMM yyyy)	02 SEP 2020
Was visit performed at the participant's home or at the clinic?	Home ☐
	Clinic ☒
Folder OID	VISIT2

US3452200

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:47

Timepoint	Pre-Dose ☒
	Post-Dose ☐
Were vital signs assessed?	Yes ☒
	No ☐
Date of assessment (dd MMM yyyy)	02 SEP 2020
Time of assessment (00:00-23:59)	12:09 (24 HR)
Vital Signs Date and Time (derived)	02 SEP 2020 12:09
Temperature (xxx.x)	98.4 F
Route of measurement	Oral ☒
	Axillary ☐
	Other ☐
If Other, specify	
Pulse (xxx)	76 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	132 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	83 mmHg
Diastolic Blood Pressure units	MMHG

US3452200

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:47

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	

US3452200

Folder: Visit 2 Day 29 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 09:27:47

Was the physical examination performed?

Yes ☒

No ☐

Date of examination (dd MMM yyyy)

02 SEP 2020

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

US3452200

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 09:27:47

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? _____

US3452200

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:27:47

Was the sample collected?	Yes ☒
	No ☐
Collection date (<i>dd MMM yyyy</i>)	02 SEP 2020
Collection time (<i>00:00-23:59</i>)	12:12 (24 HR)
Collection date and time (derived)	02 SEP 2020 12:12

US3452200

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 09:27:47

Collection date (dd MMM yyyy)			02 SEP 2020
Lab Test	Was the sample collected?	Collection time (00:00 - 23:59)	Collection date and time (derived)
Nasopharyngeal Swab 1	Yes	12:14	02 SEP 2020 12:14
Nasopharyngeal Swab 2	Yes	12:14	02 SEP 2020 12:14

US3452200

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:47

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3452200

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

Was Contact Attempted?

Yes ☒

No ☐

Date of Contact or Contact Attempt (dd MMM yyyy)

08 SEP 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3452200

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:47

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3452200

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

Was Contact Attempted?

Yes ☒

No ☐

Date of Contact or Contact Attempt (dd MMM yyyy)

15 SEP 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3452200

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:47

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3452200

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

Was Contact Attempted?

Yes ☒

No ☐

Date of Contact or Contact Attempt (dd MMM yyyy)

22 SEP 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3452200

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:47

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3452200

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 09:27:47

Was this visit performed?	Yes ☒
	No ☐
Visit date (dd MMM yyyy)	06 OCT 2020
Was visit performed at the participant's home or at the clinic?	Home ☐
	Clinic ☒
Folder OID	VISIT3

US3452200

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

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)	

US3452200

Folder: Visit 3 Day 57 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 09:27:47

Was the physical examination performed?

Yes ☒

No ☐

Date of examination (dd MMM yyyy)

06 OCT 2020

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

US3452200

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:27:47

Was the sample collected?	Yes ☒
	No ☐
Collection date (<i>dd MMM yyyy</i>)	06 OCT 2020
Collection time (<i>00:00-23:59</i>)	10:25 (24 HR)
Collection date and time (derived)	06 OCT 2020 10:25

US3452200

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:47

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT	DAY 64
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No ☒ Yes ☐
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No ☒ Yes ☐
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Date and time of submission	06 OCT 2020 11:40:31
Patient Cloud Open Date & Time	04 OCT 2020 00:01
Patient Cloud Close Date & Time	08 OCT 2020 23:59

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

DAY 71

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

No ☒

Yes ☐

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

No ☒

Yes ☐

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

Date and time of submission

11 OCT 2020 07:32:48

Patient Cloud Open Date & Time

11 OCT 2020 00:01

Patient Cloud Close Date & Time

15 OCT 2020 23:59

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

DAY 78

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

No ☒

Yes ☐

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

No ☒

Yes ☐

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

Date and time of submission

18 OCT 2020 00:01:32

Patient Cloud Open Date & Time

18 OCT 2020 00:01

Patient Cloud Close Date & Time

22 OCT 2020 23:59

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT	DAY 92
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No ☒ Yes ☐
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No ☒ Yes ☐
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Date and time of submission	02 NOV 2020 08:56:32
Patient Cloud Open Date & Time	01 NOV 2020 00:01
Patient Cloud Close Date & Time	05 NOV 2020 23:59

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT	DAY 99
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No ☒ Yes ☐
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No ☒ Yes ☐
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Date and time of submission	09 NOV 2020 11:10:11
Patient Cloud Open Date & Time	08 NOV 2020 00:01
Patient Cloud Close Date & Time	12 NOV 2020 23:59

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

DAY 106

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

No ☒

Yes ☐

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

No ☒

Yes ☐

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

Date and time of submission

15 NOV 2020 00:02:22

Patient Cloud Open Date & Time

15 NOV 2020 00:01

Patient Cloud Close Date & Time

19 NOV 2020 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 2020 00:01

[Patient Cloud Close Date & Time](#)

05 OCT 2020 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 2020 00:01

[Patient Cloud Close Date & Time](#)

12 OCT 2020 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 2020 00:01

[Patient Cloud Close Date & Time](#)

19 OCT 2020 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

22 OCT 2020 00:01

[Patient Cloud Close Date & Time](#)

26 OCT 2020 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

29 OCT 2020 00:01

[Patient Cloud Close Date & Time](#)

02 NOV 2020 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 2020 00:01

[Patient Cloud Close Date & Time](#)

09 NOV 2020 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 2020 00:01

[Patient Cloud Close Date & Time](#)

16 NOV 2020 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

Date and time of submission

19 NOV 2020 13:23:17

Patient Cloud Open Date & Time

19 NOV 2020 00:01

Patient Cloud Close Date & Time

23 NOV 2020 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 2020 00:01

[Patient Cloud Close Date & Time](#)

30 NOV 2020 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 2020 00:01

[Patient Cloud Close Date & Time](#)

07 DEC 2020 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 2020 00:01

[Patient Cloud Close Date & Time](#)

14 DEC 2020 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 2020 00:01

[Patient Cloud Close Date & Time](#)

21 DEC 2020 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 2020 00:01

[Patient Cloud Close Date & Time](#)

28 DEC 2020 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

31 DEC 2020 00:01

[Patient Cloud Close Date & Time](#)

04 JAN 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

07 JAN 2021 00:01

[Patient Cloud Close Date & Time](#)

11 JAN 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 2021 00:01

[Patient Cloud Close Date & Time](#)

18 JAN 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 2021 00:01

[Patient Cloud Close Date & Time](#)

25 JAN 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

28 JAN 2021 00:01

[Patient Cloud Close Date & Time](#)

01 FEB 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 2021 00:01

[Patient Cloud Close Date & Time](#)

08 FEB 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 2021 00:01

[Patient Cloud Close Date & Time](#)

15 FEB 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 2021 00:01

[Patient Cloud Close Date & Time](#)

22 FEB 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

25 FEB 2021 00:01

[Patient Cloud Close Date & Time](#)

01 MAR 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 2021 00:01

[Patient Cloud Close Date & Time](#)

08 MAR 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 2021 00:01

[Patient Cloud Close Date & Time](#)

15 MAR 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

18 MAR 2021 00:01

[Patient Cloud Close Date & Time](#)

22 MAR 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 2021 00:01

[Patient Cloud Close Date & Time](#)

29 MAR 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

01 APR 2021 00:01

[Patient Cloud Close Date & Time](#)

05 APR 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

08 APR 2021 00:01

[Patient Cloud Close Date & Time](#)

12 APR 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 2021 00:01

[Patient Cloud Close Date & Time](#)

19 APR 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

22 APR 2021 00:01

[Patient Cloud Close Date & Time](#)

26 APR 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

29 APR 2021 00:01

[Patient Cloud Close Date & Time](#)

03 MAY 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 2021 00:01

[Patient Cloud Close Date & Time](#)

10 MAY 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

13 MAY 2021 00:01

[Patient Cloud Close Date & Time](#)

17 MAY 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 2021 00:01

[Patient Cloud Close Date & Time](#)

24 MAY 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 2021 00:01

[Patient Cloud Close Date & Time](#)

31 MAY 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

03 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

07 JUN 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

10 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

14 JUN 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

17 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

21 JUN 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

24 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

28 JUN 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

01 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

05 JUL 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 2021 00:01

[Patient Cloud Close Date & Time](#)

12 JUL 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

15 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

19 JUL 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

22 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

26 JUL 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

29 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

02 AUG 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 2021 00:01

[Patient Cloud Close Date & Time](#)

09 AUG 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

12 AUG 2021 00:01

[Patient Cloud Close Date & Time](#)

16 AUG 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 2021 00:01

[Patient Cloud Close Date & Time](#)

23 AUG 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 2021 00:01

[Patient Cloud Close Date & Time](#)

30 AUG 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

02 SEP 2021 00:01

[Patient Cloud Close Date & Time](#)

06 SEP 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 2021 00:01

[Patient Cloud Close Date & Time](#)

13 SEP 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 2021 00:01

[Patient Cloud Close Date & Time](#)

20 SEP 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 2021 00:01

[Patient Cloud Close Date & Time](#)

27 SEP 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

30 SEP 2021 00:01

[Patient Cloud Close Date & Time](#)

04 OCT 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

07 OCT 2021 00:01

[Patient Cloud Close Date & Time](#)

11 OCT 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

14 OCT 2021 00:01

[Patient Cloud Close Date & Time](#)

18 OCT 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

21 OCT 2021 00:01

[Patient Cloud Close Date & Time](#)

25 OCT 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

28 OCT 2021 00:01

[Patient Cloud Close Date & Time](#)

01 NOV 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 2021 00:01

[Patient Cloud Close Date & Time](#)

08 NOV 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 2021 00:01

[Patient Cloud Close Date & Time](#)

15 NOV 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

18 NOV 2021 00:01

[Patient Cloud Close Date & Time](#)

22 NOV 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

25 NOV 2021 00:01

[Patient Cloud Close Date & Time](#)

29 NOV 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 2021 00:01

[Patient Cloud Close Date & Time](#)

06 DEC 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 DEC 2021 00:01

[Patient Cloud Close Date & Time](#)

13 DEC 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 DEC 2021 00:01

[Patient Cloud Close Date & Time](#)

20 DEC 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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°F/38°C) ☐

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

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

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

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

23 DEC 2021 00:01

[Patient Cloud Close Date & Time](#)

27 DEC 2021 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 DEC 2021 00:01

[Patient Cloud Close Date & Time](#)

03 JAN 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

06 JAN 2022 00:01

[Patient Cloud Close Date & Time](#)

10 JAN 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

13 JAN 2022 00:01

[Patient Cloud Close Date & Time](#)

17 JAN 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 JAN 2022 00:01

[Patient Cloud Close Date & Time](#)

24 JAN 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 JAN 2022 00:01

[Patient Cloud Close Date & Time](#)

31 JAN 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

03 FEB 2022 00:01

[Patient Cloud Close Date & Time](#)

07 FEB 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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°F/38°C) ☐

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

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

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

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 FEB 2022 00:01

[Patient Cloud Close Date & Time](#)

14 FEB 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 FEB 2022 00:01

[Patient Cloud Close Date & Time](#)

21 FEB 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 FEB 2022 00:01

[Patient Cloud Close Date & Time](#)

28 FEB 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

03 MAR 2022 00:01

[Patient Cloud Close Date & Time](#)

07 MAR 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 MAR 2022 00:01

[Patient Cloud Close Date & Time](#)

14 MAR 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

17 MAR 2022 00:01

[Patient Cloud Close Date & Time](#)

21 MAR 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 MAR 2022 00:01

[Patient Cloud Close Date & Time](#)

28 MAR 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

31 MAR 2022 00:01

[Patient Cloud Close Date & Time](#)

04 APR 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

07 APR 2022 00:01

[Patient Cloud Close Date & Time](#)

11 APR 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 APR 2022 00:01

[Patient Cloud Close Date & Time](#)

18 APR 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 APR 2022 00:01

[Patient Cloud Close Date & Time](#)

25 APR 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

28 APR 2022 00:01

[Patient Cloud Close Date & Time](#)

02 MAY 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

09 MAY 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

16 MAY 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

23 MAY 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

30 MAY 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

02 JUN 2022 00:01

[Patient Cloud Close Date & Time](#)

06 JUN 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

09 JUN 2022 00:01

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13 JUN 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 JUN 2022 00:01

[Patient Cloud Close Date & Time](#)

20 JUN 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

23 JUN 2022 00:01

[Patient Cloud Close Date & Time](#)

27 JUN 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 JUN 2022 00:01

[Patient Cloud Close Date & Time](#)

04 JUL 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

07 JUL 2022 00:01

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11 JUL 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 JUL 2022 00:01

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18 JUL 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

21 JUL 2022 00:01

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25 JUL 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

28 JUL 2022 00:01

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01 AUG 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 AUG 2022 00:01

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08 AUG 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 AUG 2022 00:01

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15 AUG 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 AUG 2022 00:01

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22 AUG 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 AUG 2022 00:01

[Patient Cloud Close Date & Time](#)

29 AUG 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 SEP 2022 00:01

[Patient Cloud Close Date & Time](#)

05 SEP 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 SEP 2022 00:01

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12 SEP 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

15 SEP 2022 00:01

[Patient Cloud Close Date & Time](#)

19 SEP 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 SEP 2022 00:01

[Patient Cloud Close Date & Time](#)

26 SEP 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 SEP 2022 00:01

[Patient Cloud Close Date & Time](#)

03 OCT 2022 23:59

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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 ☐

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

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 OCT 2022 00:01

[Patient Cloud Close Date & Time](#)

10 OCT 2022 23:59

US3452200

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

Was Contact Attempted?

Yes ☒

No ☐

Date of Contact or Contact Attempt (dd MMM yyyy)

27 OCT 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3452200

Folder: Safety Call Day 85 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:47

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3452200

Folder: Safety Call Day 119 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

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

US3452200

Folder: Safety Call Day 119 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:47

Is the participant continuing to the next visit?

Yes ☐

No ☐

Continuing Flag

US3452200

Folder: Covid-19 Assessment 11 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 09:27:47

Date of Contact	11 SEP 2020
Time of Contact	18:00
Date and Time of Contact (derived)	11 SEP 2020 18:00
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 ☒

US3452200

Folder: Covid-19 Assessment 11 Sep 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 09:27:47

[Generate Next COVID-19 Assessment](#)

Yes ☐

No ☒

US3452200

Folder: Covid-19 Assessment 17 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 09:27:47

Date of Contact	17 AUG 2020
Time of Contact	18:00
Date and Time of Contact (derived)	17 AUG 2020 18:00
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 ☒

US3452200

Folder: Covid-19 Assessment 17 Aug 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 09:27:47

[Generate Next COVID-19 Assessment](#)

Yes ☒

No ☐

US3452200

Folder: Adverse Events

Form: Adverse Events Summary

Generated On: 26 Nov 2020 09:27:47

Did the participant experience any adverse events?

Yes ☐

No ☒

If Yes, enter details on the Adverse Events form.

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination Summary

Generated On: 26 Nov 2020 09:27:47

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

Yes ☒

No ☐

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

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:27:47

Name of Medication	VERAPAMIL
Prophylaxis	Yes ☐ No ☒
Indication	HIGH BLOOD PRESSURE
Dose per administration	240
Dose unit	mg ☒ ug ☐ mL ☐ g ☐ IU ☐ tablet ☐ capsule ☐ puff ☐ Other ☐
If dose unit is Other, specify	
Frequency	once daily ☐ twice daily ☒ three times daily ☐ four times daily ☐ every other day ☐ every week ☐ every month ☐ as needed ☐ once ☐ unknown ☐ other ☐
If frequency is Other, specify	
Route of administration	Oral ☒ Topical ☐ Subcutaneous ☐ Transdermal ☐ Intraocular ☐ Intramuscular ☐

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:27:47

	Respiratory (Inhalation)	☐
	Intralesional	☐
	Intraperitoneal	☐
	Nasal	☐
	Vaginal	☐
	Rectal	☐
	Intravenous	☐
	Intravenous Bolus	☐
	Intravenous Drip	☐
	Other	☐
If route of administration is Other, specify		
Start date (dd MMM yyyy)	UN	UNK 2000
Start date completely unknown	False	
Ongoing?	Yes	☒
	No	☐
If not Ongoing, End date (dd MMM yyyy)		
Was this medication taken for solicited event?	Yes	☐
	No	☒
Separate Dosage Number (derived)	2	
Interval Dosage Unit Number (derived)	1	
Interval Dosage Definition (derived)	802	☐
	803	☐
	804	☒

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:27:47

Name of Medication	ENALIPRIL
Prophylaxis	Yes ☐ No ☒
Indication	HIGH BLOOD PRESSURE
Dose per administration	20
Dose unit	mg ☒ ug ☐ mL ☐ g ☐ IU ☐ tablet ☐ capsule ☐ puff ☐ Other ☐
If dose unit is Other, specify _____	
Frequency	once daily ☐ twice daily ☒ three times daily ☐ four times daily ☐ every other day ☐ every week ☐ every month ☐ as needed ☐ once ☐ unknown ☐ other ☐
If frequency is Other, specify _____	
Route of administration	Oral ☒ Topical ☐ Subcutaneous ☐ Transdermal ☐ Intraocular ☐ Intramuscular ☐

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:27:47

	Respiratory (Inhalation)	☐
	Intralesional	☐
	Intraperitoneal	☐
	Nasal	☐
	Vaginal	☐
	Rectal	☐
	Intravenous	☐
	Intravenous Bolus	☐
	Intravenous Drip	☐
	Other	☐
If route of administration is Other, specify		
Start date (dd MMM yyyy)	UN	UNK 2000
Start date completely unknown	False	
Ongoing?	Yes	☒
	No	☐
If not Ongoing, End date (dd MMM yyyy)		
Was this medication taken for solicited event?	Yes	☐
	No	☒
Separate Dosage Number (derived)	2	
Interval Dosage Unit Number (derived)	1	
Interval Dosage Definition (derived)	802	☐
	803	☐
	804	☒

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:27:47

Name of Medication	METOPROLOL
Prophylaxis	Yes ☐ No ☒
Indication	HIGH BLOOD PRESSURE
Dose per administration	100
Dose unit	mg ☒ ug ☐ mL ☐ g ☐ IU ☐ tablet ☐ capsule ☐ puff ☐ Other ☐
If dose unit is Other, specify	
Frequency	once daily ☐ twice daily ☒ three times daily ☐ four times daily ☐ every other day ☐ every week ☐ every month ☐ as needed ☐ once ☐ unknown ☐ other ☐
If frequency is Other, specify	
Route of administration	Oral ☒ Topical ☐ Subcutaneous ☐ Transdermal ☐ Intraocular ☐ Intramuscular ☐

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:27:47

	Respiratory (Inhalation)	☐
	Intralesional	☐
	Intraperitoneal	☐
	Nasal	☐
	Vaginal	☐
	Rectal	☐
	Intravenous	☐
	Intravenous Bolus	☐
	Intravenous Drip	☐
	Other	☐
If route of administration is Other, specify		
Start date (dd MMM yyyy)	UN	UNK 2000
Start date completely unknown	False	
Ongoing?	Yes	☒
	No	☐
If not Ongoing, End date (dd MMM yyyy)		
Was this medication taken for solicited event?	Yes	☐
	No	☒
Separate Dosage Number (derived)	2	
Interval Dosage Unit Number (derived)	1	
Interval Dosage Definition (derived)	802	☐
	803	☐
	804	☒

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:27:47

Name of Medication	HYDROCHLOROTHIAZIDE
Prophylaxis	Yes ☐ No ☒
Indication	HIGH BLOOD PRESSURE
Dose per administration	25
Dose unit	mg ☒ ug ☐ mL ☐ g ☐ IU ☐ tablet ☐ capsule ☐ puff ☐ Other ☐
If dose unit is Other, specify _____	
Frequency	once daily ☒ twice daily ☐ three times daily ☐ four times daily ☐ every other day ☐ every week ☐ every month ☐ as needed ☐ once ☐ unknown ☐ other ☐
If frequency is Other, specify _____	
Route of administration	Oral ☒ Topical ☐ Subcutaneous ☐ Transdermal ☐ Intraocular ☐ Intramuscular ☐

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:27:47

Respiratory (Inhalation)	☐
Intralesional	☐
Intraperitoneal	☐
Nasal	☐
Vaginal	☐
Rectal	☐
Intravenous	☐
Intravenous Bolus	☐
Intravenous Drip	☐
Other	☐
If route of administration is Other, specify _____	
Start date (dd MMM yyyy)	UN UNK 2000
Start date completely unknown	False
Ongoing?	Yes ☒
	No ☐
If not Ongoing, End date (dd MMM yyyy) _____	
Was this medication taken for solicited event?	Yes ☐
	No ☒
Separate Dosage Number (derived)	1
Interval Dosage Unit Number (derived)	1
Interval Dosage Definition (derived)	802 ☐
	803 ☐
	804 ☒

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:27:47

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

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:27:47

	Respiratory (Inhalation)	☐
	Intralesional	☐
	Intraperitoneal	☐
	Nasal	☐
	Vaginal	☐
	Rectal	☐
	Intravenous	☐
	Intravenous Bolus	☐
	Intravenous Drip	☐
	Other	☐
If route of administration is Other, specify		
Start date (dd MMM yyyy)	UN UNK 2000	
Start date completely unknown	False	
Ongoing?	Yes ☒	No ☐
If not Ongoing, End date (dd MMM yyyy)		
Was this medication taken for solicited event?	Yes ☐	No ☒
Separate Dosage Number (derived)	1	
Interval Dosage Unit Number (derived)	1	
Interval Dosage Definition (derived)	802 ☐	803 ☐
	804 ☒	

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:27:47

Name of Medication	ACETAMINOPHEN
Prophylaxis	Yes ☐ No ☒
Indication	PAIN AT INJECTION SITE
Dose per administration	1000
Dose unit	mg ☒ ug ☐ mL ☐ g ☐ IU ☐ tablet ☐ capsule ☐ puff ☐ Other ☐
If dose unit is Other, specify _____	
Frequency	once daily ☒ twice daily ☐ three times daily ☐ four times daily ☐ every other day ☐ every week ☐ every month ☐ as needed ☐ once ☐ unknown ☐ other ☐
If frequency is Other, specify _____	
Route of administration	Oral ☒ Topical ☐ Subcutaneous ☐ Transdermal ☐ Intraocular ☐ Intramuscular ☐

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:27:47

	Respiratory (Inhalation)	☐
	Intralesional	☐
	Intraperitoneal	☐
	Nasal	☐
	Vaginal	☐
	Rectal	☐
	Intravenous	☐
	Intravenous Bolus	☐
	Intravenous Drip	☐
	Other	☐
If route of administration is Other, specify		
Start date (dd MMM yyyy)		04 AUG 2020
Start date completely unknown		False
Ongoing?	Yes	☐
	No	☒
If not Ongoing, End date (dd MMM yyyy)		07 AUG 2020
Was this medication taken for solicited event?	Yes	☐
	No	☒
Separate Dosage Number (derived)		1
Interval Dosage Unit Number (derived)		1
Interval Dosage Definition (derived)	802	☐
	803	☐
	804	☒

US3452200

Folder: Concomitant Procedures (1)

Form: Concomitant Procedures Summary

Generated On: 26 Nov 2020 09:27:47

Were any concomitant procedures performed?

Yes ☐

No ☐

If yes, please complete Concomitant Procedures form.

US3452200

Folder: End of Study (1)

Form: Dosing Discontinuation

Generated On: 26 Nov 2020 09:27:47

Date of dosing discontinuation (dd MMM yyyy)

11 SEP 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

US3452200

Folder: End of Study (1)

Form: End of Study / Study Discontinuation

Generated On: 26 Nov 2020 09:27:47

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

US3452200 (Prod: Lynn Health Science Institute)

US3452200

Form: Participant Creation

Generated On: 26 Nov 2020 09:27:47

[Participant ID](#)

Audit	User	Time (GMT)
User entered 'US3452200'	RWS_ENDPOINT ENDPOINT (b) (4) 	04 Aug 2020 18:29:55

US3452200

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 09:27:47

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 18:42:48

US3452200

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '04 AUG 2020'	RWS_ENDPOINT ENDPOINT (b) (4) [REDACTED]	04 Aug 2020 18:29:56

US3452200

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 18:42:48

US3452200

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 09:27:47

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'SCRN'	System	04 Aug 2020 18:42:48

US3452200

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered (b) (6) 1964'	RWS_ENDPOINT ENDPOINT (b) (4) [REDACTED]	04 Aug 2020 18:29:57

US3452200

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:27:47

[Age](#)

Audit	User	Time (GMT)
User entered '56'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:21:31

US3452200

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:27:47

[Age Units](#)

Audit	User	Time (GMT)
User entered 'YEARS'	System	04 Aug 2020 21:21:31

US3452200

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:27:47

[Age \(Derived\)](#)

Audit	User	Time (GMT)
User entered '56'	System	04 Aug 2020 18:43:11

US3452200

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:27:47

Sex

Audit	User	Time (GMT)
User entered 'Male (M)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:21:31

US3452200

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:27:47

[Ethnicity](#)

Audit	User	Time (GMT)
User entered 'Not Hispanic or Latino (NOT HISPANIC OR LATINO)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:21:31

US3452200

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:27:47

[White](#)

Audit	User	Time (GMT)
User entered '1'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:21:31

US3452200

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:27:47

[Black](#)

Audit	User	Time (GMT)
User entered '0'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:21:31

US3452200

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:27:47

[Asian](#)

Audit	User	Time (GMT)
User entered '0'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:21:31

US3452200

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:27:47

[American Indian or Alaska Native](#)

Audit	User	Time (GMT)
User entered '0'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:21:31

US3452200

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:27:47

[Native Hawaiian or other Pacific Islander](#)

Audit	User	Time (GMT)
User entered '0'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:21:31

US3452200

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:27:47

[Other](#)

Audit	User	Time (GMT)
User entered '0'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:21:31

US3452200

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:27:47

[If race is Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:21:31

US3452200

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:27:47

Unknown

Audit	User	Time (GMT)
User entered '0'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:21:31

US3452200

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 09:27:47

[Not reported](#)

Audit	User	Time (GMT)
User entered '0'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:21:31

US3452200

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '04 Aug 2020'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 18:43:11

US3452200

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'Aug 2020'	System	04 Aug 2020 18:43:11

US3452200

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '2020'	System	04 Aug 2020 18:43:11

US3452200

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 09:27:47

[Protocol Version](#)

Audit	User	Time (GMT)
User entered 'Amendment 1 (1)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 18:43:11

US3452200

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 18:43:11

US3452200

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 18:43:11

US3452200

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 09:27:47

If reason for screen fail is Other, specify

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 18:43:11

US3452200

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 09:27:47

[Was this participant screened previously?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 18:43:11

US3452200

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 09:27:47

[If Yes, previous participant number](#)

Audit	User	Time (GMT)
User entered empty.	RWS_ENDPOINT ENDPOINT (b) (4) [REDACTED]	04 Aug 2020 18:29:56

US3452200

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 09:27:47

[Enrollment Trigger](#)

Audit	User	Time (GMT)
User entered '1'	System	04 Aug 2020 18:43:14

US3452200

Folder: Screening

Form: Inclusion/Exclusion Criteria Summary

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 18:43:14

US3452200

Folder: Screening

Form: Medical History Summary

Generated On: 26 Nov 2020 09:27:47

[Were any significant conditions reported?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:21:40

US3452200

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 09:27:47

[Condition](#)

Audit	User	Time (GMT)
User coded data point as SOC: Metabolism and nutrition disorders, HLGT: Lipid metabolism disorders, HLT: Elevated cholesterol, PT: Hypercholesterolaemia, LLT: Hypercholesterolemia - version MedDRA\\23.0.	Coder Import (b) (4)	04 Aug 2020 21:24:14
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4)	04 Aug 2020 21:24:14
Data point term sent to Coder	System	04 Aug 2020 21:22:41
User entered 'HYPERCHOLESTEROLEMIA'	Kim Calloway (b) (4)	04 Aug 2020 21:22:04

US3452200

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'UN UNK 2000'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:22:04

US3452200

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 09:27:47

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:22:04

US3452200

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 09:27:47

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:22:04

US3452200

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:22:04

US3452200

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 09:27:47

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:22:04

US3452200

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'Jan 2000'	System	04 Aug 2020 21:22:04

US3452200

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '2000'	System	04 Aug 2020 21:22:04

US3452200

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered empty.	System	04 Aug 2020 21:22:04

US3452200

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered empty.	System	04 Aug 2020 21:22:04

US3452200

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 09:27:47

[Condition](#)

Audit	User	Time (GMT)
User coded data point as SOC: Vascular disorders, HLGT: Vascular hypertensive disorders, HLT: Vascular hypertensive disorders NEC, PT: Hypertension, LLT: Blood pressure high - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	04 Aug 2020 21:24:14
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	04 Aug 2020 21:24:14
Data point term sent to Coder	System	04 Aug 2020 21:22:41
User entered 'HIGH BLOOD PRESSURE'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:22:18

US3452200

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'UN UNK 2000'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:22:18

US3452200

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 09:27:47

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:22:18

US3452200

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 09:27:47

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:22:18

US3452200

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:22:18

US3452200

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 09:27:47

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:22:18

US3452200

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'Jan 2000'	System	04 Aug 2020 21:22:18

US3452200

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '2000'	System	04 Aug 2020 21:22:18

US3452200

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered empty.	System	04 Aug 2020 21:22:18

US3452200

Folder: Screening

Form: Medical History (2)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered empty.	System	04 Aug 2020 21:22:18

US3452200

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 09:27:47

[Condition](#)

Audit	User	Time (GMT)
User coded data point as SOC: Surgical and medical procedures, HLGT: Male genital tract therapeutic procedures, HLT: Male genital tract therapeutic procedures NEC, PT: Vasectomy, LLT: Vasectomy - version MedDRA\\23.0.	Coder Import (b) (4)	04 Aug 2020 21:24:14
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	(b) (4)	04 Aug 2020 21:24:14
Data point term sent to Coder	System	04 Aug 2020 21:22:43
User entered 'VASECTOMY'	Kim Calloway (b) (4)	04 Aug 2020 21:22:37
	(b) (4)	

US3452200

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'UN UNK 2012'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:22:37

US3452200

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 09:27:47

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:22:37

US3452200

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 09:27:47

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:22:37

US3452200

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'UN UNK 2012'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:22:37

US3452200

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 09:27:47

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:22:37

US3452200

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'Jan 2012'	System	04 Aug 2020 21:22:37

US3452200

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '2012'	System	04 Aug 2020 21:22:37

US3452200

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'Jan 2012'	System	04 Aug 2020 21:22:37

US3452200

Folder: Screening

Form: Medical History (3)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '2012'	System	04 Aug 2020 21:22:37

US3452200

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 09:27:47

[Condition](#)

Audit	User	Time (GMT)
User coded data point as SOC: Immune system disorders, HLGT: Allergic conditions, HLT: Allergies to foods, food additives, drugs and other chemicals, PT: Drug hypersensitivity, LLT: Penicillin allergy - version MedDRA\\23.0.	Coder Import (b) (4)	04 Aug 2020 21:24:14
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4)	04 Aug 2020 21:24:14
Data point term sent to Coder	System	04 Aug 2020 21:23:45
User entered 'ALLERGY TO PENICILLIN'	Kim Calloway (b) (4)	04 Aug 2020 21:22:55
	(b) (4)	

US3452200

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'UN UNK 1970'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:22:55

US3452200

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 09:27:47

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:22:55

US3452200

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 09:27:47

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:22:55

US3452200

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:22:55

US3452200

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 09:27:47

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:22:55

US3452200

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'Jan 1970'	System	04 Aug 2020 21:22:55

US3452200

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '1970'	System	04 Aug 2020 21:22:55

US3452200

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered empty.	System	04 Aug 2020 21:22:55

US3452200

Folder: Screening

Form: Medical History (4)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered empty.	System	04 Aug 2020 21:22:55

US3452200

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:36:29

US3452200

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '04 Aug 2020'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:36:29

US3452200

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '14:06'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:36:29

US3452200

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '04 Aug 2020 14:06'	System	18 Aug 2020 17:36:29

US3452200

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '74.7' in	Kim Calloway (b) (4)	18 Aug 2020 17:36:29
DataPoint set to visible.	(b) (4) System	04 Aug 2020 18:43:14

US3452200

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '204.6' lb	Kim Calloway (b) (4)	18 Aug 2020 17:36:29
DataPoint set to visible.	(b) (4) System	04 Aug 2020 18:43:14

US3452200

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

BMI (xxx.x)

Audit	User	Time (GMT)
Amendment Manager: User entered '25.83297'	System	16 Sep 2020 23:42:53
User entered '25.8'	System	18 Aug 2020 17:36:29
DataPoint set to visible.	System	04 Aug 2020 18:43:14

US3452200

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

[BMI units](#)

Audit	User	Time (GMT)
User entered 'kg/m2'	System	18 Aug 2020 17:36:29
DataPoint set to visible.	System	04 Aug 2020 18:43:14

US3452200

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

Temperature (xxx.x)

Audit	User	Time (GMT)
User closed query 'Per CDM: Per CCG pg 15-16 Point 3 If subject has Screening and Visit1Day1 visits performed on the same day then TEMPERATURE, PULSE, RESPIRATORY RATE, SYSTOLIC BP, and DIASTOLIC BP data will be recorded on Predose Vital Sign form of Visit 1 Day 1 visit and will be updated as ND on this form. Please verify and amend the data as appropriate or clarify. Thank you.' (Site from DM).	(b) (4), (b) (6)	07 Oct 2020 06:44:24
Query 'Per CDM: Per CCG pg 15-16 Point 3 If subject has Screening and Visit1Day1 visits performed on the same day then TEMPERATURE, PULSE, RESPIRATORY RATE, SYSTOLIC BP, and DIASTOLIC BP data will be recorded on Predose Vital Sign form of Visit 1 Day 1 visit and will be updated as ND on this form. Please verify and amend the data as appropriate or clarify. Thank you.'	April Green (b) (4)	30 Sep 2020 20:36:42
answered with '.' (Site from DM).	(b) (4)	
User entered missing code ND - Not Done; reason for change Data Entry Error	April Green (b) (4)	30 Sep 2020 20:36:36
User opened query 'Per CDM: Per CCG pg 15-16 Point 3 If subject has Screening and Visit1Day1 visits performed on the same day then TEMPERATURE, PULSE, RESPIRATORY RATE, SYSTOLIC BP, and DIASTOLIC BP data will be recorded on Predose Vital Sign form of Visit 1 Day 1 visit and will be updated as ND on this form. Please verify and amend the data as appropriate or clarify. Thank you.' (Site from DM).	(b) (4)	
User entered '98.2' F	(b) (4), (b) (6)	23 Sep 2020 11:58:19
	Kim Calloway (b) (4)	18 Aug 2020 17:36:29
	(b) (4)	

US3452200

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

[Route of measurement](#)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	April Green (b) (4)	30 Sep 2020 20:36:36
User entered 'Oral (Oral)'	Kim Calloway (b) (4)	18 Aug 2020 17:36:29

US3452200

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:36:29

US3452200

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	April Green (b) (4)	30 Sep 2020 20:36:36
User entered '67'	Kim Calloway (b) (4)	18 Aug 2020 17:36:29

US3452200

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	18 Aug 2020 17:36:29

US3452200

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	April Green (b) (4) (b) (4)	30 Sep 2020 20:36:36
User entered '16'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:36:29

US3452200

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	18 Aug 2020 17:36:29

US3452200

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	April Green (b) (4) (b) (4)	30 Sep 2020 20:36:36
User entered '132'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:36:29

US3452200

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	18 Aug 2020 17:36:29

US3452200

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	April Green (b) (4) (b) (4)	30 Sep 2020 20:36:36
User entered '84'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:36:29

US3452200

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	18 Aug 2020 17:36:29

US3452200

Folder: Screening

Form: Physical Examination

Generated On: 26 Nov 2020 09:27:47

[Was the physical examination performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 18:43:24

US3452200

Folder: Screening

Form: Physical Examination

Generated On: 26 Nov 2020 09:27:47

[Date of examination \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
Query 'The Physical Examination Date is prior to the Screening Visit Date. Please review and reconcile.' canceled (Site from System).	(b) (4), (b) (6)	06 Sep 2020 11:44:21
User opened query 'The Physical Examination Date is prior to the Screening Visit Date. Please review and reconcile.' (Site from System).		02 Sep 2020 17:10:39
User entered '04 Aug 2020'	Kim Calloway (b) (4)	04 Aug 2020 18:43:24

US3452200

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:23:12

US3452200

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'No (N)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:23:12

US3452200

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:47

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)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:23:12

US3452200

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'No (N)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:23:12

US3452200

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'No (N)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:23:12

US3452200

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'No (N)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:23:12

US3452200

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:47

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)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:23:12

US3452200

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:47

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)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:23:12

US3452200

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'No (N)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:23:12

US3452200

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:47

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)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:23:12

US3452200

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:47

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)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:23:12

US3452200

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:47

[Other](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:23:12

US3452200

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:47

[Specify](#)

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:23:12

US3452200

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:47

No Risk Identified

Audit	User	Time (GMT)
User entered '1'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:23:12

US3452200

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '0'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:23:12

US3452200

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:47

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'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:23:12

US3452200

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '0'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:23:12

US3452200

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:47

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'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:23:12

US3452200

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '0'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:23:12

US3452200

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:47

[Other](#)

Audit	User	Time (GMT)
User entered '0'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:23:12

US3452200

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 09:27:47

[Specify](#)

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 21:23:12

US3452200

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 09:27:47

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 18:43:38

US3452200

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '04 Aug 2020'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 18:43:38

US3452200

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 18:43:38

US3452200

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 09:27:47

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'VISIT1'	System	04 Aug 2020 18:43:38

US3452200

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '04 AUG 2020'	RWS_ENDPOINT ENDPOINT (b) (4) 	04 Aug 2020 18:39:34

US3452200

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 09:27:47

What was the participant's randomization number?

Audit	User	Time (GMT)
Amendment Manager: User closed query 'Data entered is non-conformant. Please correct.' (Site from System).	System	21 Aug 2020 02:02:34
Amendment Manager: Data point set to conformant.	System	21 Aug 2020 02:02:34
User opened query 'Data entered is non-conformant. Please correct.' (Site from System).	System	04 Aug 2020 18:39:34
User entered '101006' (non-conformant).	RWS_ENDPOINT ENDPOINT (b) (4) [REDACTED]	04 Aug 2020 18:39:34

US3452200

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 09:27:47

[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]	04 Aug 2020 18:39:34

US3452200

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 09:27:47

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)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 18:43:46

US3452200

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'No (N)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 18:43:46

US3452200

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'No (N)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 18:43:46

US3452200

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 09:27:47

Diabetes (Type I, Type 2, or gestational)

Audit	User	Time (GMT)
User entered 'No (N)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 18:43:46

US3452200

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 09:27:47

[Liver Disease](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 18:43:46

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 09:27:47

Height

Audit	User	Time (GMT)
User closed query 'Per CDM: Per CCG pg 15-16 Point 3 If subject has Screening and Visit1Day1 visit performed on the same day then HEIGHT and WEIGHT will be recorded as ND on this form. Please verify and amend the data as appropriate or clarify. Thank you.' (Site from DM).	(b) (4), (b) (6)	08 Oct 2020 07:08:11
User entered missing code ND - Not Done; reason for change Data Entry Error	Kim Calloway (b) (4)	06 Oct 2020 16:50:24
Query 'Per CDM: Per CCG pg 15-16 Point 3 If subject has Screening and Visit1Day1 visit performed on the same day then HEIGHT and WEIGHT will be recorded as ND on this form. Please verify and amend the data as appropriate or clarify. Thank you.' answered with '.' (Site from DM).	April Green (b) (4)	30 Sep 2020 20:37:02
User opened query 'Per CDM: Per CCG pg 15-16 Point 3 If subject has Screening and Visit1Day1 visit performed on the same day then HEIGHT and WEIGHT will be recorded as ND on this form. Please verify and amend the data as appropriate or clarify. Thank you.' (Site from DM).	(b) (4), (b) (6)	23 Sep 2020 11:58:02
User entered empty.	Kim Calloway (b) (4)	18 Aug 2020 17:37:00

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 09:27:47

Weight

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	Kim Calloway (b) (4)	06 Oct 2020 16:50:24
User entered empty.	Kim Calloway (b) (4)	18 Aug 2020 17:37:00

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 09:27:47

Height

Audit	User	Time (GMT)
User closed query 'Per CDM: Per CCG pg 15-16 Point 3 If subject has Screening and Visit1Day1 visit performed on the same day then HEIGHT and WEIGHT will be recorded as ND on this form. Please verify and amend the data as appropriate or clarify. Thank you.' (Site from DM).	(b) (4), (b) (6)	08 Oct 2020 07:08:11
User entered missing code ND - Not Done; reason for change Data Entry Error	Kim Calloway (b) (4)	06 Oct 2020 16:50:24
Query 'Per CDM: Per CCG pg 15-16 Point 3 If subject has Screening and Visit1Day1 visit performed on the same day then HEIGHT and WEIGHT will be recorded as ND on this form. Please verify and amend the data as appropriate or clarify. Thank you.' answered with '.' (Site from DM).	April Green (b) (4)	30 Sep 2020 20:37:02
User opened query 'Per CDM: Per CCG pg 15-16 Point 3 If subject has Screening and Visit1Day1 visit performed on the same day then HEIGHT and WEIGHT will be recorded as ND on this form. Please verify and amend the data as appropriate or clarify. Thank you.' (Site from DM).	(b) (4), (b) (6)	23 Sep 2020 11:58:02
User entered empty.	Kim Calloway (b) (4)	18 Aug 2020 17:37:00

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 09:27:47

Weight

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	Kim Calloway (b) (4)	06 Oct 2020 16:50:24
User entered empty.	Kim Calloway (b) (4)	18 Aug 2020 17:37:00

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:47

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Pre-Dose (PREDOSE)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:37:00

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:47

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)' reason for change: Data Entry Error	April Green (b) (4)	30 Sep 2020 20:38:01
User entered 'No (N)'	Kim Calloway (b) (4)	18 Aug 2020 17:37:00

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:47

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '04 Aug 2020' reason for change: Data Entry Error	April Green (b) (4)	30 Sep 2020 20:38:01
User entered empty.	Kim Calloway (b) (4)	18 Aug 2020 17:37:00

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '14:06' reason for change: Data Entry Error	April Green (b) (4)	30 Sep 2020 20:38:01
User entered empty.	Kim Calloway (b) (4)	18 Aug 2020 17:37:00

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '04 Aug 2020 14:06'	System	30 Sep 2020 20:38:01
User entered empty.	System	18 Aug 2020 17:37:00

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:47

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '98.2' F reason for change: Data Entry Error	April Green (b) (4)	30 Sep 2020 20:38:01
User entered empty.	Kim Calloway (b) (4)	18 Aug 2020 17:37:00

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:47

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)' reason for change: Data Entry Error	April Green (b) (4)	30 Sep 2020 20:38:01
User entered empty.	Kim Calloway (b) (4)	18 Aug 2020 17:37:00

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:47

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:37:00

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:47

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '67' reason for change: Data Entry Error	April Green (b) (4)	30 Sep 2020 20:38:01
User entered empty.	Kim Calloway (b) (4)	18 Aug 2020 17:37:00

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:47

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	30 Sep 2020 20:38:01
User entered empty.	System	18 Aug 2020 17:37:00

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '16' reason for change: Data Entry Error	April Green (b) (4)	30 Sep 2020 20:38:01
User entered empty.	Kim Calloway (b) (4)	18 Aug 2020 17:37:00

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:47

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	30 Sep 2020 20:38:01
User entered empty.	System	18 Aug 2020 17:37:00

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:47

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '132' reason for change: Data Entry Error	April Green (b) (4)	30 Sep 2020 20:38:01
User entered empty.	Kim Calloway (b) (4)	18 Aug 2020 17:37:00

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:47

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	30 Sep 2020 20:38:01
User entered empty.	System	18 Aug 2020 17:37:00

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '84' reason for change: Data Entry Error	April Green (b) (4)	30 Sep 2020 20:38:01
User entered empty.	Kim Calloway (b) (4)	18 Aug 2020 17:37:00

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:47

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	30 Sep 2020 20:38:01
User entered empty.	System	18 Aug 2020 17:37:00

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 09:27:47

Height

Audit	User	Time (GMT)
User closed query 'Per CDM: Per CCG pg 15-16 Point 3 If subject has Screening and Visit1Day1 visit performed on the same day then HEIGHT and WEIGHT will be recorded as ND on this form. Please verify and amend the data as appropriate or clarify. Thank you.' (Site from DM).	(b) (4), (b) (6)	08 Oct 2020 07:08:11
User entered missing code ND - Not Done; reason for change Data Entry Error	Kim Calloway (b) (4)	06 Oct 2020 16:50:24
Query 'Per CDM: Per CCG pg 15-16 Point 3 If subject has Screening and Visit1Day1 visit performed on the same day then HEIGHT and WEIGHT will be recorded as ND on this form. Please verify and amend the data as appropriate or clarify. Thank you.' answered with '.' (Site from DM).	April Green (b) (4)	30 Sep 2020 20:37:02
User opened query 'Per CDM: Per CCG pg 15-16 Point 3 If subject has Screening and Visit1Day1 visit performed on the same day then HEIGHT and WEIGHT will be recorded as ND on this form. Please verify and amend the data as appropriate or clarify. Thank you.' (Site from DM).	(b) (4), (b) (6)	23 Sep 2020 11:58:02
User entered empty.	Kim Calloway (b) (4)	18 Aug 2020 17:37:00

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 09:27:47

Weight

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	Kim Calloway (b) (4)	06 Oct 2020 16:50:24
User entered empty.	Kim Calloway (b) (4)	18 Aug 2020 17:37:00

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:47

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Post-Dose (POSTDOSE)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:37:31

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:47

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:37:31

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:47

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '04 Aug 2020'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:37:31

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
Amendment Manager: Query closed during migration process because the edit check no longer exists in target version.	System	21 Aug 2020 02:02:31
User opened query 'Post-dose vital signs time is prior to or less than 60 minutes after the Dose Time. Please review and reconcile.' (Site from System).		18 Aug 2020 17:37:31
User entered '15:00'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:37:31

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '04 Aug 2020 15:00'	System	18 Aug 2020 17:37:31

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:47

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '98.6' F	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:37:31

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:47

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:37:31

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:47

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:37:31

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:47

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '68'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:37:31

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:47

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	18 Aug 2020 17:37:31

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '14'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:37:31

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:47

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	18 Aug 2020 17:37:31

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:47

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '125'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:37:31

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:47

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	18 Aug 2020 17:37:31

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:47

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '76'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:37:31

US3452200

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:47

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	18 Aug 2020 17:37:31

US3452200

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 09:27:47

[Was the physical examination performed?](#)

Audit	User	Time (GMT)
User entered 'No (N)' reason for change: Data Entry Error	Kim Calloway (b) (4)	06 Oct 2020 16:50:05
User entered 'Yes (Y)'	Kim Calloway (b) (4)	04 Aug 2020 18:43:55

US3452200

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 09:27:47

Date of examination (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Kim Calloway (b) (4)	06 Oct 2020 16:50:05
User entered '04 Aug 2020'	Kim Calloway (b) (4)	04 Aug 2020 18:43:55

US3452200

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 09:27:47

[Was study treatment given?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 19:31:19

US3452200

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 09:27:47

If No, reason not given

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 19:31:19

US3452200

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 19:31:19

US3452200

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 09:27:47

[What was the study treatment?](#)

Audit	User	Time (GMT)
User entered 'MRNA-1273 OR PLACEBO'	System	04 Aug 2020 19:31:19

US3452200

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 09:27:47

What was the treatment date? (dd MMM yyyy)

Audit	User	Time (GMT)
User entered '04 Aug 2020'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 19:31:19

US3452200

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '14:20'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 19:31:19

US3452200

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '04 Aug 2020 14:20'	System	04 Aug 2020 19:31:19

US3452200

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'Left Arm (LEFT ARM)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 19:31:19

US3452200

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'ONCE'	System	04 Aug 2020 19:31:19

US3452200

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'INTRAMUSCULAR'	System	04 Aug 2020 19:31:19

US3452200

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:27:47

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:37:53

US3452200

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:27:47

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '04 Aug 2020'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:37:53

US3452200

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:27:47

Collection time (00:00-23:59)

Audit	User	Time (GMT)
User entered '14:10'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:37:53

US3452200

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '04 Aug 2020 14:10'	System	18 Aug 2020 17:37:53

US3452200

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 09:27:47

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '04 Aug 2020'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:38:08

US3452200

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 09:27:47

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 1 (NASAL1)'	Kim Calloway (b) (4)	18 Aug 2020 17:38:08

US3452200

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 09:27:47

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:38:08

US3452200

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 09:27:47

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
User entered '14:08'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:38:08

US3452200

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '04 Aug 2020 14:08'	System	18 Aug 2020 17:38:08

US3452200

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 09:27:47

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 2 (NASAL2)'	Kim Calloway (b) (4)	18 Aug 2020 17:38:16

US3452200

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 09:27:47

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:38:16

US3452200

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 09:27:47

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
User entered '14:08'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:38:16

US3452200

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '04 Aug 2020 14:08'	System	18 Aug 2020 17:38:16

US3452200

Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	04 Aug 2020 18:44:04

US3452200

Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 09:27:47

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	04 Aug 2020 18:44:04

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 09:27:47

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T14:56:49', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'a27691eb-623b-4685-a6ec-536cbb620068'	System	04 Aug 2020 19:57:15
User entered 'Yes (Y)'	System	04 Aug 2020 19:57:15

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 09:27:47

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T14:56:57', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'a27691eb-623b-4685-a6ec-536cbb620068'	System	04 Aug 2020 19:57:15
User entered '98.6'	System	04 Aug 2020 19:57:15

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T14:57:02', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'a27691eb-623b-4685-a6ec-536cbb620068'	System	04 Aug 2020 19:57:15
User entered 'No (N)'	System	04 Aug 2020 19:57:15

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 09:27:47

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T14:57:12', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'a27691eb-623b-4685-a6ec-536cbb620068'	System	04 Aug 2020 19:57:15
User entered '04 Aug 2020 14:57'	System	04 Aug 2020 19:57:15

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 09:27:47

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '04 Aug 2020 14:40'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 09:27:47

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '04 Aug 2020 17:10'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered 'Day 1, after vaccination (at home)'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:27:47

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T18:21:37', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'c6b64774-e6f4-4bf3-be1f-14859dd4711f'	System	04 Aug 2020 23:22:15
User entered 'Yes (Y)'	System	04 Aug 2020 23:22:15

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:27:47

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T18:21:42', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'c6b64774-e6f4-4bf3-be1f-14859dd4711f'	System	04 Aug 2020 23:22:15
User entered '98.8'	System	04 Aug 2020 23:22:15

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T18:21:54', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'c6b64774-e6f4-4bf3-be1f-14859dd4711f'	System	04 Aug 2020 23:22:15
User entered 'Yes (Y)'	System	04 Aug 2020 23:22:15

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User closed query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System). Query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' answered with 'CM ENTERED' (Site from System).	(b) (4), (b) (6)	21 Aug 2020 18:35:41
User opened query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System). External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T18:22:02', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'c6b64774-e6f4-4bf3-be1f-14859dd4711f'	Kim Hamilton (b) (4)	21 Aug 2020 16:32:27
User entered '1'	System	04 Aug 2020 23:22:15
	System	04 Aug 2020 23:22:15
	System	04 Aug 2020 23:22:15

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:27:47

To **PREVENT** pain or fever from occurring

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T18:22:02', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'c6b64774-e6f4-4bf3-be1f-14859dd4711f' User entered '0'	System	04 Aug 2020 23:22:15
	System	04 Aug 2020 23:22:15

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:27:47

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T18:22:10', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'c6b64774-e6f4-4bf3-be1f-14859dd4711f'	System	04 Aug 2020 23:22:15
User entered '04 Aug 2020 18:22'	System	04 Aug 2020 23:22:15

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:27:47

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '04 Aug 2020 18:05'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 09:27:47

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '05 Aug 2020 11:59'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered 'Day 2'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 09:27:47

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-05T19:00:57', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'f697b9be-1892-4ac0-9cb6-fc351e55f74d'	System	06 Aug 2020 00:01:42
User entered 'Yes (Y)'	System	06 Aug 2020 00:01:42

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 09:27:47

Please record your **TEMPERATURE in °F**

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-05T19:01:18', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'f697b9be-1892-4ac0-9cb6-fc351e55f74d'	System	06 Aug 2020 00:01:42
User entered '99.8'	System	06 Aug 2020 00:01:42

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-05T19:01:27', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'f697b9be-1892-4ac0-9cb6-fc351e55f74d'	System	06 Aug 2020 00:01:42
User entered 'Yes (Y)'	System	06 Aug 2020 00:01:42

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User closed query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System). Query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' answered with 'CM ENTERED' (Site from System).	(b) (4), (b) (6)	21 Aug 2020 18:35:45
User opened query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System). External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-05T19:01:34', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'f697b9be-1892-4ac0-9cb6-fc351e55f74d' User entered '1'	Kim Hamilton (b) (4)	21 Aug 2020 16:33:06
	System	06 Aug 2020 00:01:42
	System	06 Aug 2020 00:01:42
	System	06 Aug 2020 00:01:42

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 09:27:47

To **PREVENT** pain or fever from occurring

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-05T19:01:34', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'f697b9be-1892-4ac0-9cb6-fc351e55f74d'	System	06 Aug 2020 00:01:42
User entered '0'	System	06 Aug 2020 00:01:42

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 09:27:47

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-05T19:01:40', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'f697b9be-1892-4ac0-9cb6-fc351e55f74d'	System	06 Aug 2020 00:01:42
User entered '05 Aug 2020 19:01'	System	06 Aug 2020 00:01:42

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 09:27:47

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '05 Aug 2020 12:00'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 09:27:47

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '06 Aug 2020 11:59'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered 'Day 3'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 09:27:47

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-06T18:31:23', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '6ac8b78a-299b-4dbf-94ad-84d5944a0ce3'	System	06 Aug 2020 23:31:47
User entered 'Yes (Y)'	System	06 Aug 2020 23:31:47

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 09:27:47

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-06T18:31:29', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '6ac8b78a-299b-4dbf-94ad-84d5944a0ce3'	System	06 Aug 2020 23:31:47
User entered '99.0'	System	06 Aug 2020 23:31:47

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-06T18:31:35', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '6ac8b78a-299b-4dbf-94ad-84d5944a0ce3'	System	06 Aug 2020 23:31:47
User entered 'Yes (Y)'	System	06 Aug 2020 23:31:47

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User closed query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System). Query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' answered with 'CM ENTERED' (Site from System).	(b) (4), (b) (6)	21 Aug 2020 18:36:13
User opened query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System). External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-06T18:31:39', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '6ac8b78a-299b-4dbf-94ad-84d5944a0ce3' User entered '1'	Kim Hamilton (b) (4)	21 Aug 2020 16:33:21
	System	06 Aug 2020 23:31:47
	System	06 Aug 2020 23:31:47
	System	06 Aug 2020 23:31:47

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 09:27:47

To **PREVENT** pain or fever from occurring

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-06T18:31:39', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '6ac8b78a-299b-4dbf-94ad-84d5944a0ce3'	System	06 Aug 2020 23:31:47
User entered '0'	System	06 Aug 2020 23:31:47

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 09:27:47

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-06T18:31:45', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '6ac8b78a-299b-4dbf-94ad-84d5944a0ce3'	System	06 Aug 2020 23:31:47
User entered '06 Aug 2020 18:31'	System	06 Aug 2020 23:31:47

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 09:27:47

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '06 Aug 2020 12:00'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 09:27:47

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '07 Aug 2020 11:59'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered 'Day 4'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 09:27:47

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-07T15:58:41', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'e1b80c9c-986b-476c-9e86-04708664eef4'	System	07 Aug 2020 20:59:07
User entered 'Yes (Y)'	System	07 Aug 2020 20:59:07

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 09:27:47

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-07T15:58:46', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'e1b80c9c-986b-476c-9e86-04708664eef4'	System	07 Aug 2020 20:59:07
User entered '99.9'	System	07 Aug 2020 20:59:07

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-07T15:58:53', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'e1b80c9c-986b-476c-9e86-04708664eef4'	System	07 Aug 2020 20:59:07
User entered 'Yes (Y)'	System	07 Aug 2020 20:59:07

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User closed query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System). Query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' answered with 'CM ENTERED' (Site from System).	(b) (4), (b) (6)	21 Aug 2020 18:36:16
User opened query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System). External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-07T15:58:58', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'e1b80c9c-986b-476c-9e86-04708664eef4' User entered '1'	Kim Hamilton (b) (4)	21 Aug 2020 16:33:37
	System	07 Aug 2020 20:59:07
	System	07 Aug 2020 20:59:07
	System	07 Aug 2020 20:59:07

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 09:27:47

To **PREVENT** pain or fever from occurring

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-07T15:58:58', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'e1b80c9c-986b-476c-9e86-04708664eef4' User entered '0'	System	07 Aug 2020 20:59:07
	System	07 Aug 2020 20:59:07

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 09:27:47

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-07T15:59:04', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'e1b80c9c-986b-476c-9e86-04708664eef4' User entered '07 Aug 2020 15:59'	System	07 Aug 2020 20:59:07
	System	07 Aug 2020 20:59:07

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 09:27:47

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '07 Aug 2020 12:00'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 09:27:47

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '08 Aug 2020 11:59'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered 'Day 5'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 09:27:47

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-08T18:28:37', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'ad20e7b0-7ff9-4d58-a5e3-7f0f9073ccb9'	System	08 Aug 2020 23:28:57
User entered 'Yes (Y)'	System	08 Aug 2020 23:28:57

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 09:27:47

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-08T18:28:43', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'ad20e7b0-7ff9-4d58-a5e3-7f0f9073ccb9'	System	08 Aug 2020 23:28:57
User entered '99.1'	System	08 Aug 2020 23:28:57

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-08T18:28:47', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'ad20e7b0-7ff9-4d58-a5e3-7f0f9073ccb9'	System	08 Aug 2020 23:28:57
User entered 'No (N)'	System	08 Aug 2020 23:28:57

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 09:27:47

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-08T18:28:52', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'ad20e7b0-7ff9-4d58-a5e3-7f0f9073ccb9'	System	08 Aug 2020 23:28:57
User entered '08 Aug 2020 18:28'	System	08 Aug 2020 23:28:57

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 09:27:47

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '08 Aug 2020 12:00'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 09:27:47

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '09 Aug 2020 11:59'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered 'Day 6'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 09:27:47

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-09T12:28:52', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '95ed6fb9-8840-45b7-98ff-260d91b13bc3'	System	09 Aug 2020 17:29:07
User entered 'Yes (Y)'	System	09 Aug 2020 17:29:07

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 09:27:47

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-09T12:28:58', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '95ed6fb9-8840-45b7-98ff-260d91b13bc3'	System	09 Aug 2020 17:29:07
User entered '99.1'	System	09 Aug 2020 17:29:07

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-09T12:29:00', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '95ed6fb9-8840-45b7-98ff-260d91b13bc3'	System	09 Aug 2020 17:29:07
User entered 'No (N)'	System	09 Aug 2020 17:29:07

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 09:27:47

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-09T12:29:05', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '95ed6fb9-8840-45b7-98ff-260d91b13bc3'	System	09 Aug 2020 17:29:07
User entered '09 Aug 2020 12:29'	System	09 Aug 2020 17:29:07

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 09:27:47

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '09 Aug 2020 12:00'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 09:27:47

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '10 Aug 2020 11:59'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered 'Day 7'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 09:27:47

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-10T12:38:40', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'a5c816b2-24c7-4593-b1ae-45142401307a'	System	10 Aug 2020 17:38:56
User entered 'Yes (Y)'	System	10 Aug 2020 17:38:56

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 09:27:47

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-10T12:38:45', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'a5c816b2-24c7-4593-b1ae-45142401307a'	System	10 Aug 2020 17:38:56
User entered '99.2'	System	10 Aug 2020 17:38:56

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-10T12:38:49', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'a5c816b2-24c7-4593-b1ae-45142401307a'	System	10 Aug 2020 17:38:56
User entered 'No (N)'	System	10 Aug 2020 17:38:56

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 09:27:47

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-10T12:38:53', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'a5c816b2-24c7-4593-b1ae-45142401307a'	System	10 Aug 2020 17:38:56
User entered '10 Aug 2020 12:38'	System	10 Aug 2020 17:38:56

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 09:27:47

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '10 Aug 2020 12:00'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 09:27:47

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '11 Aug 2020 11:59'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:27:47

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 (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T14:57:24', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '7e9f9a75-9e8a-4d91-916f-87246dc73e8d'	System	04 Aug 2020 19:57:41
User entered 'None (1)'	System	04 Aug 2020 19:57:41

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:27:47

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T14:57:29', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '7e9f9a75-9e8a-4d91-916f-87246dc73e8d'	System	04 Aug 2020 19:57:41
User entered 'No (N)'	System	04 Aug 2020 19:57:41

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T14:57:32', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '7e9f9a75-9e8a-4d91-916f-87246dc73e8d'	System	04 Aug 2020 19:57:41
User entered 'No (N)'	System	04 Aug 2020 19:57:41

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:27:47

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 (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T14:57:34', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '7e9f9a75-9e8a-4d91-916f-87246dc73e8d'	System	04 Aug 2020 19:57:41
User entered 'None (1)'	System	04 Aug 2020 19:57:41

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:27:47

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T14:57:40', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '7e9f9a75-9e8a-4d91-916f-87246dc73e8d'	System	04 Aug 2020 19:57:41
User entered '04 Aug 2020 14:57'	System	04 Aug 2020 19:57:41

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:27:47

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '04 Aug 2020 14:40'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 09:27:47

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '04 Aug 2020 17:10'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered 'Day 1, after vaccination (at home)'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:27:47

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 (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T18:22:16', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '061318b1-fa7c-4150-b7bc-b98230dee329'	System	04 Aug 2020 23:22:30
User entered 'None (1)'	System	04 Aug 2020 23:22:30

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:27:47

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T18:22:19', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '061318b1-fa7c-4150-b7bc-b98230dee329'	System	04 Aug 2020 23:22:30
User entered 'No (N)'	System	04 Aug 2020 23:22:30

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T18:22:21', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '061318b1-fa7c-4150-b7bc-b98230dee329'	System	04 Aug 2020 23:22:30
User entered 'No (N)'	System	04 Aug 2020 23:22:30

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:27:47

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 (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T18:22:24', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '061318b1-fa7c-4150-b7bc-b98230dee329'	System	04 Aug 2020 23:22:30
User entered 'None (1)'	System	04 Aug 2020 23:22:30

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:27:47

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T18:22:28', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '061318b1-fa7c-4150-b7bc-b98230dee329'	System	04 Aug 2020 23:22:30
User entered '04 Aug 2020 18:22'	System	04 Aug 2020 23:22:30

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:27:47

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '04 Aug 2020 18:05'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 09:27:47

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '05 Aug 2020 11:59'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered 'Day 2'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:27:47

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 (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-05T19:04:40', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '13742579-485b-4c15-9b4a-3a896841a4ef'	System	06 Aug 2020 00:05:07
User entered 'Does not interfere with activity (2)'	System	06 Aug 2020 00:05:07

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:27:47

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-05T19:04:44', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '13742579-485b-4c15-9b4a-3a896841a4ef'	System	06 Aug 2020 00:05:07
User entered 'No (N)'	System	06 Aug 2020 00:05:07

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-05T19:04:47', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '13742579-485b-4c15-9b4a-3a896841a4ef'	System	06 Aug 2020 00:05:07
User entered 'No (N)'	System	06 Aug 2020 00:05:07

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:27:47

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 (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-05T19:04:50', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '13742579-485b-4c15-9b4a-3a896841a4ef'	System	06 Aug 2020 00:05:07
User entered 'None (1)'	System	06 Aug 2020 00:05:07

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:27:47

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-05T19:05:05', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '13742579-485b-4c15-9b4a-3a896841a4ef'	System	06 Aug 2020 00:05:07
User entered '05 Aug 2020 19:05'	System	06 Aug 2020 00:05:07

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:27:47

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '05 Aug 2020 12:00'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 09:27:47

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '06 Aug 2020 11:59'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered 'Day 3'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 09:27:47

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 (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-06T18:31:50', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '742a23dc-602a-467a-bc58-01fb88f59e0c'	System	06 Aug 2020 23:32:06
User entered 'Does not interfere with activity (2)'	System	06 Aug 2020 23:32:06

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 09:27:47

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-06T18:31:53', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '742a23dc-602a-467a-bc58-01fb88f59e0c'	System	06 Aug 2020 23:32:06
User entered 'No (N)'	System	06 Aug 2020 23:32:06

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-06T18:31:55', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '742a23dc-602a-467a-bc58-01fb88f59e0c'	System	06 Aug 2020 23:32:06
User entered 'No (N)'	System	06 Aug 2020 23:32:06

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 09:27:47

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 (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-06T18:32:00', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '742a23dc-602a-467a-bc58-01fb88f59e0c'	System	06 Aug 2020 23:32:06
User entered 'None (1)'	System	06 Aug 2020 23:32:06

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 09:27:47

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-06T18:32:04', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '742a23dc-602a-467a-bc58-01fb88f59e0c'	System	06 Aug 2020 23:32:06
User entered '06 Aug 2020 18:32'	System	06 Aug 2020 23:32:06

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 09:27:47

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '06 Aug 2020 12:00'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 09:27:47

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '07 Aug 2020 11:59'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered 'Day 4'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:27:47

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 (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-07T15:59:09', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '83edde40-5166-4a70-85b0-fac7d71ad48b'	System	07 Aug 2020 20:59:24
User entered 'Does not interfere with activity (2)'	System	07 Aug 2020 20:59:24

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:27:47

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-07T15:59:12', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '83edde40-5166-4a70-85b0-fac7d71ad48b'	System	07 Aug 2020 20:59:24
User entered 'No (N)'	System	07 Aug 2020 20:59:24

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-07T15:59:15', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '83edde40-5166-4a70-85b0-fac7d71ad48b'	System	07 Aug 2020 20:59:24
User entered 'No (N)'	System	07 Aug 2020 20:59:24

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:27:47

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 (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-07T15:59:17', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '83edde40-5166-4a70-85b0-fac7d71ad48b'	System	07 Aug 2020 20:59:24
User entered 'None (1)'	System	07 Aug 2020 20:59:24

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:27:47

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-07T15:59:21', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '83edde40-5166-4a70-85b0-fac7d71ad48b'	System	07 Aug 2020 20:59:24
User entered '07 Aug 2020 15:59'	System	07 Aug 2020 20:59:24

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:27:47

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '07 Aug 2020 12:00'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 09:27:47

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '08 Aug 2020 11:59'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered 'Day 5'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:27:47

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 (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-08T18:29:00', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '80e52d63-7e3e-4421-b86f-437f3f83320f'	System	08 Aug 2020 23:29:18
User entered 'None (1)'	System	08 Aug 2020 23:29:18

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-08T18:29:04', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '80e52d63-7e3e-4421-b86f-437f3f83320f'	System	08 Aug 2020 23:29:18
User entered 'No (N)'	System	08 Aug 2020 23:29:18

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-08T18:29:07', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '80e52d63-7e3e-4421-b86f-437f3f83320f'	System	08 Aug 2020 23:29:18
User entered 'No (N)'	System	08 Aug 2020 23:29:18

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:27:47

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 (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-08T18:29:09', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '80e52d63-7e3e-4421-b86f-437f3f83320f'	System	08 Aug 2020 23:29:18
User entered 'None (1)'	System	08 Aug 2020 23:29:18

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:27:47

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-08T18:29:13', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '80e52d63-7e3e-4421-b86f-437f3f83320f'	System	08 Aug 2020 23:29:18
User entered '08 Aug 2020 18:29'	System	08 Aug 2020 23:29:18

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:27:47

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '08 Aug 2020 12:00'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 09:27:47

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '09 Aug 2020 11:59'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered 'Day 6'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:27:47

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 (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-09T12:29:11', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'e6af66ac-9029-4adf-b12e-b15a4424ecb9'	System	09 Aug 2020 17:29:28
User entered 'None (1)'	System	09 Aug 2020 17:29:28

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-09T12:29:15', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'e6af66ac-9029-4adf-b12e-b15a4424ecb9'	System	09 Aug 2020 17:29:28
User entered 'No (N)'	System	09 Aug 2020 17:29:28

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-09T12:29:17', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'e6af66ac-9029-4adf-b12e-b15a4424ecb9'	System	09 Aug 2020 17:29:28
User entered 'No (N)'	System	09 Aug 2020 17:29:28

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:27:47

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 (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-09T12:29:20', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'e6af66ac-9029-4adf-b12e-b15a4424ecb9'	System	09 Aug 2020 17:29:28
User entered 'None (1)'	System	09 Aug 2020 17:29:28

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:27:47

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-09T12:29:26', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'e6af66ac-9029-4adf-b12e-b15a4424ecb9'	System	09 Aug 2020 17:29:28
User entered '09 Aug 2020 12:29'	System	09 Aug 2020 17:29:28

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:27:47

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '09 Aug 2020 12:00'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 09:27:47

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '10 Aug 2020 11:59'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered 'Day 7'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 09:27:47

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 (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-10T12:38:59', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'bf46d058-8cff-438e-a2d3-bc18d0c0f361'	System	10 Aug 2020 17:39:16
User entered 'None (1)'	System	10 Aug 2020 17:39:16

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 09:27:47

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-10T12:39:02', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'bf46d058-8cff-438e-a2d3-bc18d0c0f361'	System	10 Aug 2020 17:39:16
User entered 'No (N)'	System	10 Aug 2020 17:39:16

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-10T12:39:04', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'bf46d058-8cff-438e-a2d3-bc18d0c0f361'	System	10 Aug 2020 17:39:16
User entered 'No (N)'	System	10 Aug 2020 17:39:16

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 09:27:47

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 (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-10T12:39:07', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'bf46d058-8cff-438e-a2d3-bc18d0c0f361'	System	10 Aug 2020 17:39:16
User entered 'None (1)'	System	10 Aug 2020 17:39:16

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 09:27:47

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-10T12:39:14', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'bf46d058-8cff-438e-a2d3-bc18d0c0f361'	System	10 Aug 2020 17:39:16
User entered '10 Aug 2020 12:39'	System	10 Aug 2020 17:39:16

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 09:27:47

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '10 Aug 2020 12:00'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 09:27:47

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '11 Aug 2020 11:59'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:27:47

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T14:57:52', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '5311ea0b-c367-45f4-a5d5-a53e53040534' User entered 'None (0)'	System	04 Aug 2020 19:58:18
	System	04 Aug 2020 19:58:18

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:27:47

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T14:57:55', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '5311ea0b-c367-45f4-a5d5-a53e53040534' User entered 'None (0)'	System	04 Aug 2020 19:58:18
	System	04 Aug 2020 19:58:18

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:27:47

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T14:57:58', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '5311ea0b-c367-45f4-a5d5-a53e53040534' User entered 'None (0)'	System	04 Aug 2020 19:58:18
	System	04 Aug 2020 19:58:18

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:27:47

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T14:58:01', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '5311ea0b-c367-45f4-a5d5-a53e53040534' User entered 'None (0)'	System	04 Aug 2020 19:58:18
	System	04 Aug 2020 19:58:18

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:27:47

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T14:58:03', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '5311ea0b-c367-45f4-a5d5-a53e53040534' User entered 'None (0)'	System	04 Aug 2020 19:58:18
	System	04 Aug 2020 19:58:18

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:27:47

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T14:58:05', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '5311ea0b-c367-45f4-a5d5-a53e53040534' User entered 'None (0)'	System	04 Aug 2020 19:58:18
	System	04 Aug 2020 19:58:18

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:27:47

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 (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T14:58:08', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '5311ea0b-c367-45f4-a5d5-a53e53040534'	System	04 Aug 2020 19:58:18
User entered 'No (N)'	System	04 Aug 2020 19:58:18

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:27:47

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T14:58:15', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '5311ea0b-c367-45f4-a5d5-a53e53040534' User entered '04 Aug 2020 14:58'	System	04 Aug 2020 19:58:18
	System	04 Aug 2020 19:58:18

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:27:47

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '04 Aug 2020 14:40'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 09:27:47

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '04 Aug 2020 17:10'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered 'Day 1, after vaccination (at home)'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:27:47

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T18:18:05', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'e5f64f08-c03a-4a20-a52a-de37782982ee'	System	04 Aug 2020 23:19:05
User entered 'No interference with activity (1)'	System	04 Aug 2020 23:19:05

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:27:47

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T18:17:54', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'e5f64f08-c03a-4a20-a52a-de37782982ee'	System	04 Aug 2020 23:19:05
User entered 'None (0)'	System	04 Aug 2020 23:19:05

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:27:47

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T18:18:12', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'e5f64f08-c03a-4a20-a52a-de37782982ee'	System	04 Aug 2020 23:19:05
User entered 'None (0)'	System	04 Aug 2020 23:19:05

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:27:47

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T18:18:15', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'e5f64f08-c03a-4a20-a52a-de37782982ee'	System	04 Aug 2020 23:19:05
User entered 'None (0)'	System	04 Aug 2020 23:19:05

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:27:47

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T18:18:18', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'e5f64f08-c03a-4a20-a52a-de37782982ee'	System	04 Aug 2020 23:19:05
User entered 'None (0)'	System	04 Aug 2020 23:19:05

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:27:47

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T18:18:20', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'e5f64f08-c03a-4a20-a52a-de37782982ee'	System	04 Aug 2020 23:19:05
User entered 'None (0)'	System	04 Aug 2020 23:19:05

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:27:47

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 (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T18:18:23', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'e5f64f08-c03a-4a20-a52a-de37782982ee'	System	04 Aug 2020 23:19:05
User entered 'No (N)'	System	04 Aug 2020 23:19:05

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:27:47

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-04T18:19:04', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'e5f64f08-c03a-4a20-a52a-de37782982ee'	System	04 Aug 2020 23:19:05
User entered '04 Aug 2020 18:19'	System	04 Aug 2020 23:19:05

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:27:47

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '04 Aug 2020 18:05'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 09:27:47

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '05 Aug 2020 11:59'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered 'Day 2'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:27:47

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-05T19:05:16', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '2ee19440-cf64-46e2-9873-a0e2beae16f5'	System	06 Aug 2020 00:05:52
User entered 'No interference with activity (1)'	System	06 Aug 2020 00:05:52

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:27:47

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-05T19:05:22', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '2ee19440-cf64-46e2-9873-a0e2beae16f5'	System	06 Aug 2020 00:05:52
User entered 'None (0)'	System	06 Aug 2020 00:05:52

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:27:47

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-05T19:05:31', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '2ee19440-cf64-46e2-9873-a0e2beae16f5'	System	06 Aug 2020 00:05:52
User entered 'No interference with activity (1)'	System	06 Aug 2020 00:05:52

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:27:47

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-05T19:05:35', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '2ee19440-cf64-46e2-9873-a0e2beae16f5'	System	06 Aug 2020 00:05:52
User entered 'None (0)'	System	06 Aug 2020 00:05:52

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:27:47

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-05T19:05:38', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '2ee19440-cf64-46e2-9873-a0e2beae16f5'	System	06 Aug 2020 00:05:52
User entered 'None (0)'	System	06 Aug 2020 00:05:52

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:27:47

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-05T19:05:43', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '2ee19440-cf64-46e2-9873-a0e2beae16f5'	System	06 Aug 2020 00:05:52
User entered 'None (0)'	System	06 Aug 2020 00:05:52

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:27:47

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 (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-05T19:05:46', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '2ee19440-cf64-46e2-9873-a0e2beae16f5'	System	06 Aug 2020 00:05:52
User entered 'No (N)'	System	06 Aug 2020 00:05:52

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:27:47

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-05T19:05:50', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '2ee19440-cf64-46e2-9873-a0e2beae16f5'	System	06 Aug 2020 00:05:52
User entered '05 Aug 2020 19:05'	System	06 Aug 2020 00:05:52

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:27:47

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '05 Aug 2020 12:00'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 09:27:47

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '06 Aug 2020 11:59'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered 'Day 3'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:27:47

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-06T18:32:23', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '6cae3fee-c693-43a6-a6ec-1576ae8a7c9c'	System	06 Aug 2020 23:33:00
User entered 'No interference with activity (1)'	System	06 Aug 2020 23:33:00

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:27:47

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-06T18:32:27', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '6cae3fee-c693-43a6-a6ec-1576ae8a7c9c'	System	06 Aug 2020 23:33:00
User entered 'None (0)'	System	06 Aug 2020 23:33:00

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:27:47

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-06T18:32:41', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '6cae3fee-c693-43a6-a6ec-1576ae8a7c9c'	System	06 Aug 2020 23:33:00
User entered 'No interference with activity (1)'	System	06 Aug 2020 23:33:00

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:27:47

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-06T18:32:46', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '6cae3fee-c693-43a6-a6ec-1576ae8a7c9c'	System	06 Aug 2020 23:33:00
User entered 'None (0)'	System	06 Aug 2020 23:33:00

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:27:47

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-06T18:32:48', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '6cae3fee-c693-43a6-a6ec-1576ae8a7c9c'	System	06 Aug 2020 23:33:00
User entered 'None (0)'	System	06 Aug 2020 23:33:00

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:27:47

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-06T18:32:50', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '6cae3fee-c693-43a6-a6ec-1576ae8a7c9c'	System	06 Aug 2020 23:33:00
User entered 'None (0)'	System	06 Aug 2020 23:33:00

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:27:47

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 (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-06T18:32:53', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '6cae3fee-c693-43a6-a6ec-1576ae8a7c9c'	System	06 Aug 2020 23:33:00
User entered 'No (N)'	System	06 Aug 2020 23:33:00

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:27:47

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-06T18:32:57', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '6cae3fee-c693-43a6-a6ec-1576ae8a7c9c'	System	06 Aug 2020 23:33:00
User entered '06 Aug 2020 18:32'	System	06 Aug 2020 23:33:00

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:27:47

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '06 Aug 2020 12:00'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 09:27:47

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '07 Aug 2020 11:59'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered 'Day 4'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:27:47

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-07T15:59:27', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '73b6e5e6-61a9-40ab-b0eb-6aa10fc3cbb8'	System	07 Aug 2020 20:59:54
User entered 'No interference with activity (1)'	System	07 Aug 2020 20:59:54

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:27:47

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-07T15:59:30', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '73b6e5e6-61a9-40ab-b0eb-6aa10fc3cbb8'	System	07 Aug 2020 20:59:54
User entered 'None (0)'	System	07 Aug 2020 20:59:54

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:27:47

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-07T15:59:34', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '73b6e5e6-61a9-40ab-b0eb-6aa10fc3cbb8'	System	07 Aug 2020 20:59:54
User entered 'None (0)'	System	07 Aug 2020 20:59:54

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:27:47

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-07T15:59:37', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '73b6e5e6-61a9-40ab-b0eb-6aa10fc3cbb8'	System	07 Aug 2020 20:59:54
User entered 'None (0)'	System	07 Aug 2020 20:59:54

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:27:47

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-07T15:59:39', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '73b6e5e6-61a9-40ab-b0eb-6aa10fc3cbb8'	System	07 Aug 2020 20:59:54
User entered 'None (0)'	System	07 Aug 2020 20:59:54

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:27:47

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-07T15:59:42', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '73b6e5e6-61a9-40ab-b0eb-6aa10fc3cbb8'	System	07 Aug 2020 20:59:54
User entered 'None (0)'	System	07 Aug 2020 20:59:54

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:27:47

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 (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-07T15:59:44', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '73b6e5e6-61a9-40ab-b0eb-6aa10fc3cbb8'	System	07 Aug 2020 20:59:54
User entered 'No (N)'	System	07 Aug 2020 20:59:54

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:27:47

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-07T15:59:53', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '73b6e5e6-61a9-40ab-b0eb-6aa10fc3cbb8'	System	07 Aug 2020 20:59:54
User entered '07 Aug 2020 15:59'	System	07 Aug 2020 20:59:54

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:27:47

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '07 Aug 2020 12:00'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 09:27:47

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '08 Aug 2020 11:59'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered 'Day 5'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:27:47

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-08T18:29:18', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'e730be8c-b215-4bce-bd07-19382802db1a'	System	08 Aug 2020 23:29:46
User entered 'None (0)'	System	08 Aug 2020 23:29:46

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:27:47

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-08T18:29:21', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'e730be8c-b215-4bce-bd07-19382802db1a'	System	08 Aug 2020 23:29:46
User entered 'None (0)'	System	08 Aug 2020 23:29:46

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:27:47

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-08T18:29:24', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'e730be8c-b215-4bce-bd07-19382802db1a'	System	08 Aug 2020 23:29:46
User entered 'None (0)'	System	08 Aug 2020 23:29:46

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:27:47

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-08T18:29:26', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'e730be8c-b215-4bce-bd07-19382802db1a'	System	08 Aug 2020 23:29:46
User entered 'None (0)'	System	08 Aug 2020 23:29:46

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:27:47

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-08T18:29:29', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'e730be8c-b215-4bce-bd07-19382802db1a'	System	08 Aug 2020 23:29:46
User entered 'None (0)'	System	08 Aug 2020 23:29:46

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:27:47

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-08T18:29:31', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'e730be8c-b215-4bce-bd07-19382802db1a'	System	08 Aug 2020 23:29:46
User entered 'None (0)'	System	08 Aug 2020 23:29:46

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:27:47

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 (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-08T18:29:33', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'e730be8c-b215-4bce-bd07-19382802db1a'	System	08 Aug 2020 23:29:46
User entered 'No (N)'	System	08 Aug 2020 23:29:46

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:27:47

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-08T18:29:44', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'e730be8c-b215-4bce-bd07-19382802db1a'	System	08 Aug 2020 23:29:46
User entered '08 Aug 2020 18:29'	System	08 Aug 2020 23:29:46

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:27:47

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '08 Aug 2020 12:00'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 09:27:47

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '09 Aug 2020 11:59'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered 'Day 6'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:27:47

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-09T12:29:30', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '9b07b05d-88be-4585-b1c1-a7881f520a41'	System	09 Aug 2020 17:29:54
User entered 'None (0)'	System	09 Aug 2020 17:29:54

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:27:47

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-09T12:29:32', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '9b07b05d-88be-4585-b1c1-a7881f520a41'	System	09 Aug 2020 17:29:54
User entered 'None (0)'	System	09 Aug 2020 17:29:54

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:27:47

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-09T12:29:34', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '9b07b05d-88be-4585-b1c1-a7881f520a41'	System	09 Aug 2020 17:29:54
User entered 'None (0)'	System	09 Aug 2020 17:29:54

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:27:47

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-09T12:29:35', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '9b07b05d-88be-4585-b1c1-a7881f520a41'	System	09 Aug 2020 17:29:54
User entered 'None (0)'	System	09 Aug 2020 17:29:54

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:27:47

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-09T12:29:37', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '9b07b05d-88be-4585-b1c1-a7881f520a41'	System	09 Aug 2020 17:29:54
User entered 'None (0)'	System	09 Aug 2020 17:29:54

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:27:47

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-09T12:29:39', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '9b07b05d-88be-4585-b1c1-a7881f520a41'	System	09 Aug 2020 17:29:54
User entered 'None (0)'	System	09 Aug 2020 17:29:54

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:27:47

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 (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-09T12:29:42', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '9b07b05d-88be-4585-b1c1-a7881f520a41'	System	09 Aug 2020 17:29:54
User entered 'No (N)'	System	09 Aug 2020 17:29:54

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:27:47

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-09T12:29:50', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '9b07b05d-88be-4585-b1c1-a7881f520a41'	System	09 Aug 2020 17:29:54
User entered '09 Aug 2020 12:29'	System	09 Aug 2020 17:29:54

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:27:47

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '09 Aug 2020 12:00'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 09:27:47

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '10 Aug 2020 11:59'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered 'Day 7'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:27:47

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-10T12:39:17', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '5bea21a0-63c2-4594-b94d-c4b435a05c28'	System	10 Aug 2020 17:39:38
User entered 'None (0)'	System	10 Aug 2020 17:39:38

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:27:47

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-10T12:39:19', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '5bea21a0-63c2-4594-b94d-c4b435a05c28'	System	10 Aug 2020 17:39:38
User entered 'None (0)'	System	10 Aug 2020 17:39:38

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:27:47

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-10T12:39:21', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '5bea21a0-63c2-4594-b94d-c4b435a05c28'	System	10 Aug 2020 17:39:38
User entered 'None (0)'	System	10 Aug 2020 17:39:38

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:27:47

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-10T12:39:23', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '5bea21a0-63c2-4594-b94d-c4b435a05c28'	System	10 Aug 2020 17:39:38
User entered 'None (0)'	System	10 Aug 2020 17:39:38

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:27:47

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-10T12:39:25', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '5bea21a0-63c2-4594-b94d-c4b435a05c28'	System	10 Aug 2020 17:39:38
User entered 'None (0)'	System	10 Aug 2020 17:39:38

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:27:47

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-10T12:39:26', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '5bea21a0-63c2-4594-b94d-c4b435a05c28'	System	10 Aug 2020 17:39:38
User entered 'None (0)'	System	10 Aug 2020 17:39:38

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:27:47

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 (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-10T12:39:28', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '5bea21a0-63c2-4594-b94d-c4b435a05c28'	System	10 Aug 2020 17:39:38
User entered 'No (N)'	System	10 Aug 2020 17:39:38

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:27:47

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (2E65F7CE-D88B-4824-AA8A-CF4C3EC5F1B5)', Time: '2020-08-10T12:39:36', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '5bea21a0-63c2-4594-b94d-c4b435a05c28'	System	10 Aug 2020 17:39:38
User entered '10 Aug 2020 12:39'	System	10 Aug 2020 17:39:38

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:27:47

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '10 Aug 2020 12:00'	System	04 Aug 2020 19:31:19

US3452200

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 09:27:47

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '11 Aug 2020 11:59'	System	04 Aug 2020 19:31:19

US3452200

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	12 Aug 2020 16:28:34

US3452200

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '11 Aug 2020'	Kim Calloway (b) (4) (b) (4)	12 Aug 2020 16:28:34

US3452200

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Kim Calloway (b) (4) (b) (4)	12 Aug 2020 16:28:34

US3452200

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	12 Aug 2020 16:28:34

US3452200

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	12 Aug 2020 16:28:37

US3452200

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:47

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	12 Aug 2020 16:28:37

US3452200

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Hamilton (b) (4) [REDACTED]	19 Aug 2020 14:18:45

US3452200

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '18 Aug 2020'	Kim Hamilton (b) (4) [REDACTED]	19 Aug 2020 14:18:45

US3452200

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Kim Hamilton (b) (4)	19 Aug 2020 14:18:45

US3452200

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Kim Hamilton (b) (4) [REDACTED]	19 Aug 2020 14:18:45

US3452200

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'Yes (Y)' reason for change: Data Entry Error	Kim Hamilton (b) (4)	01 Sep 2020 16:15:11
User entered 'No (N)'	Kim Hamilton (b) (4)	19 Aug 2020 14:18:55

US3452200

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:47

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	01 Sep 2020 16:15:11
User entered empty.	System	19 Aug 2020 14:18:55

US3452200

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Hamilton (b) (4) [REDACTED]	01 Sep 2020 16:15:27

US3452200

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '25 Aug 2020'	Kim Hamilton (b) (4) [REDACTED]	01 Sep 2020 16:15:27

US3452200

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Kim Hamilton (b) (4)	01 Sep 2020 16:15:27

US3452200

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Kim Hamilton (b) (4) [REDACTED]	01 Sep 2020 16:15:27

US3452200

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Hamilton (b) (4) [REDACTED]	01 Sep 2020 16:15:32

US3452200

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:47

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	01 Sep 2020 16:15:32

US3452200

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 09:27:47

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:10:39

US3452200

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '02 Sep 2020'	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:10:39

US3452200

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:10:39

US3452200

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 09:27:47

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'VISIT2'	System	02 Sep 2020 17:10:39

US3452200

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:47

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Pre-Dose (PREDOSE)'	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:44:48

US3452200

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:47

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:44:48

US3452200

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:47

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '02 Sep 2020'	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:44:48

US3452200

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '12:09'	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:44:48

US3452200

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '02 Sep 2020 12:09'	System	02 Sep 2020 17:44:48

US3452200

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:47

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '98.4' F	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:44:48

US3452200

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:47

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:44:48

US3452200

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:47

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:44:48

US3452200

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:47

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '76'	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:44:48

US3452200

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:47

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	02 Sep 2020 17:44:48

US3452200

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '16'	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:44:48

US3452200

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:47

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	02 Sep 2020 17:44:48

US3452200

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:47

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '132'	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:44:48

US3452200

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:47

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	02 Sep 2020 17:44:48

US3452200

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '83'	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:44:48

US3452200

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 09:27:47

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	02 Sep 2020 17:44:48

US3452200

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:47

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Post-Dose (POSTDOSE)'	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:44:53

US3452200

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:47

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:44:53

US3452200

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:47

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:44:53

US3452200

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:44:53

US3452200

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered empty.	System	02 Sep 2020 17:44:53

US3452200

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:47

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:44:53

US3452200

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:47

[Route of measurement](#)

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:44:53

US3452200

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:47

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:44:53

US3452200

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:47

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:44:53

US3452200

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:47

[Pulse units](#)

Audit	User	Time (GMT)
User entered empty.	System	02 Sep 2020 17:44:53

US3452200

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:44:53

US3452200

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:47

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered empty.	System	02 Sep 2020 17:44:53

US3452200

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:47

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:44:53

US3452200

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:47

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered empty.	System	02 Sep 2020 17:44:53

US3452200

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:47

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:44:53

US3452200

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 09:27:47

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered empty.	System	02 Sep 2020 17:44:53

US3452200

Folder: Visit 2 Day 29 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 09:27:47

[Was the physical examination performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:10:59

US3452200

Folder: Visit 2 Day 29 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 09:27:47

Date of examination (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '02 Sep 2020'	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:10:59

US3452200

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 09:27:47

[Was study treatment given?](#)

Audit	User	Time (GMT)
User closed query 'Per CDM: As subject has confirmed COVID-19 diagnosis, please complete COVID-19 Assessment forms. ' (Site from DM).	(b) (4), (b) (6)	04 Nov 2020 08:01:31
Query 'Per CDM: As subject has confirmed COVID-19 diagnosis, please complete COVID-19 Assessment forms. ' answered with 'completed' (Site from DM).	Kim Hamilton (b) (4)	20 Oct 2020 19:11:12
User opened query 'Per CDM: As subject has confirmed COVID-19 diagnosis, please complete COVID-19 Assessment forms. ' (Site from DM).	(b) (4), (b) (6)	15 Oct 2020 18:51:59
User closed query 'Per CDM: Since the subject has discontinued from the IP dosing. Please review and update the Dosing Discontinuation form under End of study visit. Thank you.' (Site from DM).	(b) (4), (b) (6)	15 Oct 2020 14:06:51
Query 'Per CDM: Since the subject has discontinued from the IP dosing. Please review and update the Dosing Discontinuation form under End of study visit. Thank you.' answered with 'entered' (Site from DM).	Kim Hamilton (b) (4)	13 Oct 2020 16:52:21
User opened query 'Per CDM: Since the subject has discontinued from the IP dosing. Please review and update the Dosing Discontinuation form under End of study visit. Thank you.' (Site from DM).	(b) (4), (b) (6)	13 Oct 2020 07:21:41
User entered 'No (N)'	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:45:03

US3452200

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 09:27:47

If No, reason not given

Audit	User	Time (GMT)
User closed query 'Per CDM: Per section 8.1.2 on pg. 65 of the protocol, and CCGs, Confirmed COVID-19 diagnosis should be recorded as a MAAE. Please reconcile.' (Site from DM).	(b) (4), (b) (6)	15 Oct 2020 18:50:59
Query 'Per CDM: Per section 8.1.2 on pg. 65 of the protocol, and CCGs, Confirmed COVID-19 diagnosis should be recorded as a MAAE. Please reconcile.' answered with 'MAAE IS NOT REQUIRED' (Site from DM).	Kim Hamilton (b) (4)	01 Oct 2020 20:33:36
User opened query 'Per CDM: Per section 8.1.2 on pg. 65 of the protocol, and CCGs, Confirmed COVID-19 diagnosis should be recorded as a MAAE. Please reconcile.' (Site from DM).	(b) (4), (b) (6)	16 Sep 2020 15:47:55
Query 'Per CDM: Per section 8.1.2 on pg. 65 of the protocol, and CCGs, Confirmed COVID-19 diagnosis should be recorded as a MAAE. Please reconcile.' canceled (Site from DM).	(b) (4), (b) (6)	16 Sep 2020 15:45:24
User opened query 'Per CDM: Per section 8.1.2 on pg. 65 of the protocol, and CCGs, Confirmed COVID-19 diagnosis should be recorded as a MAAE. Please reconcile.' (Site from DM).	(b) (4), (b) (6)	16 Sep 2020 15:42:55
Query 'Per CDM: Per section 8.1.2 on pg. 65 of the protocol, Confirmed COVID-19 diagnosis should be recorded as a MAAE. Please reconcile.' canceled (Site from DM).	(b) (4), (b) (6)	16 Sep 2020 15:42:33
User opened query 'Per CDM: Per section 8.1.2 on pg. 65 of the protocol, Confirmed COVID-19 diagnosis should be recorded as a MAAE. Please reconcile.' (Site from DM).	(b) (4), (b) (6)	16 Sep 2020 15:21:29
User closed query 'Per CDM: Reason study treatment was not given is recorded as Confirmed Covid-19 diagnosis, however there is no corresponding record on the Adverse Events page. Please complete the Adverse Events page as appropriate.' (Site from DM).	(b) (4), (b) (6)	16 Sep 2020 15:21:29
Query 'Per CDM: Reason study treatment was not given is recorded as Confirmed Covid-19 diagnosis, however there is no corresponding record on the Adverse Events page. Please complete the Adverse Events page as appropriate.' answered with 'PER SPONSOR NOT AE' (Site from DM).	Kim Hamilton (b) (4)	15 Sep 2020 01:39:59

US3452200

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 09:27:47

If No, reason not given

Audit	User	Time (GMT)
User opened query 'Per CDM: Reason study treatment was not given is recorded as Confirmed Covid-19 diagnosis, however there is no corresponding record on the Adverse Events page. Please complete the Adverse Events page as appropriate.' (Site from DM).	(b) (4), (b) (6)	14 Sep 2020 14:14:32
User closed query 'Was study treatment given? is No, System however If No, reason not given is not provided. Please review and reconcile.' (Site from System).		02 Sep 2020 17:45:27
User entered 'Confirmed COVID-19 (COVID)' reason for change: Data Entry Error	Kim Calloway (b) (4)	02 Sep 2020 17:45:27
User opened query 'Was study treatment given? is No, however If No, reason not given is not provided. Please review and reconcile.' (Site from System).	(b) (4)	
User entered empty.	System	02 Sep 2020 17:45:03
	Kim Calloway (b) (4)	02 Sep 2020 17:45:03
	(b) (4)	

US3452200

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:45:03

US3452200

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 09:27:47

[What was the study treatment?](#)

Audit	User	Time (GMT)
User entered empty.	System	02 Sep 2020 17:45:03

US3452200

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 09:27:47

What was the treatment date? (dd MMM yyyy)

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:45:03

US3452200

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:45:03

US3452200

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered empty.	System	02 Sep 2020 17:45:03

US3452200

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:45:03

US3452200

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered empty.	System	02 Sep 2020 17:45:03

US3452200

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered empty.	System	02 Sep 2020 17:45:03

US3452200

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:27:47

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:45:40

US3452200

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:27:47

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
User closed query 'Per GCL Lab Reconciliation: Antibody-mediated Immunogenicity: Sample dated 02SEP2020 is recorded under Visit 2 Day 29 visit in EDC, however the same is reported under UNSCHEDULED visit in PPD Central lab. Please reconcile the correct Visit and update if applicable. Else clarify, thank you.' (Site from DM).	(b) (4), (b) (6)	06 Nov 2020 18:34:55
Query 'Per GCL Lab Reconciliation: Antibody-mediated Immunogenicity: Sample dated 02SEP2020 is recorded under Visit 2 Day 29 visit in EDC, however the same is reported under UNSCHEDULED visit in PPD Central lab. Please reconcile the correct Visit and update if applicable. Else clarify, thank you.' answered with 'CONFIRMED CORRECT. UNSCHEDULED KIT USED DUE TO LOW SUPPLIES' (Site from DM).	Kim Hamilton (b) (4)	01 Nov 2020 20:50:28
User opened query 'Per GCL Lab Reconciliation: Antibody-mediated Immunogenicity: Sample dated 02SEP2020 is recorded under Visit 2 Day 29 visit in EDC, however the same is reported under UNSCHEDULED visit in PPD Central lab. Please reconcile the correct Visit and update if applicable. Else clarify, thank you.' (Site from DM).	(b) (4), (b) (6)	23 Oct 2020 14:54:32
User entered '02 Sep 2020'	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:45:40

US3452200

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '12:12'	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:45:40

US3452200

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '02 Sep 2020 12:12'	System	02 Sep 2020 17:45:40

US3452200

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 09:27:47

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
Query 'Per GCL Lab Reconciliation: Per GCL, there is an Unscheduled Nasopharyngeal Swab sample with a Collection date of 02SEP2020, however this date is presently recorded for Visit 2 Day 29. Please clarify if the Unscheduled sample collected on 02SEP2020 is actually for Visit 2 Day 29 and update as appropriate.' answered with 'CONFIRMED CORRECT. UNSCHEDULED KIT USED DUE TO LOW SUPPLIES' (Site from DM).	Kim Hamilton (b) (4)	01 Nov 2020 20:50:09
User opened query 'Per GCL Lab Reconciliation: Per GCL, there is an Unscheduled Nasopharyngeal Swab sample with a Collection date of 02SEP2020, however this date is presently recorded for Visit 2 Day 29. Please clarify if the Unscheduled sample collected on 02SEP2020 is actually for Visit 2 Day 29 and update as appropriate.' (Site from DM).	(b) (4), (b) (6)	22 Oct 2020 18:05:33
User entered '02 Sep 2020'	Kim Calloway (b) (4)	02 Sep 2020 17:46:04

US3452200

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 09:27:47

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 1 (NASAL1)'	Kim Calloway (b) (4)	02 Sep 2020 17:46:04

US3452200

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 09:27:47

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:46:04

US3452200

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 09:27:47

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
User entered '12:14'	Kim Calloway (b) (4) (b) (4)	02 Sep 2020 17:46:04

US3452200

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '02 Sep 2020 12:14'	System	02 Sep 2020 17:46:04

US3452200

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 09:27:47

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 2 (NASAL2)'	Kim Calloway (b) (4)	02 Sep 2020 17:46:20

US3452200

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 09:27:47

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)' reason for change: Data Entry Error	Kim Hamilton (b) (4)	12 Oct 2020 00:41:05
User entered 'No (N)' reason for change: Data Entry Error	Kim Hamilton (b) (4)	09 Oct 2020 14:57:14
User entered 'Yes (Y)'	Kim Calloway (b) (4)	02 Sep 2020 17:46:20

US3452200

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 09:27:47

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
User entered '12:14' reason for change: Data Entry Error	Kim Hamilton (b) (4)	12 Oct 2020 00:41:05
User entered empty; reason for change Data Entry Error	Kim Hamilton (b) (4)	09 Oct 2020 14:57:14
User entered '12:14'	Kim Calloway (b) (4)	02 Sep 2020 17:46:20

US3452200

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '02 Sep 2020 12:14'	System	12 Oct 2020 00:41:05
User entered empty.	System	09 Oct 2020 14:57:14
User entered '02 Sep 2020 12:14'	System	02 Sep 2020 17:46:20

US3452200

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	11 Sep 2020 17:01:24

US3452200

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:47

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	11 Sep 2020 17:01:24

US3452200

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	11 Sep 2020 17:01:37

US3452200

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '08 Sep 2020'	Kim Calloway (b) (4) (b) (4)	11 Sep 2020 17:01:37

US3452200

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Kim Calloway (b) (4) (b) (4)	11 Sep 2020 17:01:37

US3452200

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	11 Sep 2020 17:01:37

US3452200

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	06 Oct 2020 16:43:46

US3452200

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:47

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	06 Oct 2020 16:43:46

US3452200

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Hamilton (b) (4) [REDACTED]	07 Oct 2020 02:02:06

US3452200

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
User closed query 'Future date has been entered. Please correct.' (Site from System).	System	07 Oct 2020 02:02:19
User entered '15 Sep 2020' reason for change: Data Entry Error	Kim Hamilton (b) (4)	07 Oct 2020 02:02:19
User opened query 'Future date has been entered. Please correct.' (Site from System).	System	07 Oct 2020 02:02:06
User entered '15 Dec 2020'	Kim Hamilton (b) (4)	07 Oct 2020 02:02:06

US3452200

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Kim Hamilton (b) (4)	07 Oct 2020 02:02:06

US3452200

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Kim Hamilton (b) (4) [REDACTED]	07 Oct 2020 02:02:06

US3452200

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	06 Oct 2020 16:44:11

US3452200

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:47

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	06 Oct 2020 16:44:11

US3452200

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Hamilton (b) (4) [REDACTED]	07 Oct 2020 02:03:04

US3452200

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '22 Sep 2020'	Kim Hamilton (b) (4) [REDACTED]	07 Oct 2020 02:03:04

US3452200

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Kim Hamilton (b) (4)	07 Oct 2020 02:03:04

US3452200

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Kim Hamilton (b) (4) [REDACTED]	07 Oct 2020 02:03:04

US3452200

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	06 Oct 2020 16:44:19

US3452200

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:47

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	06 Oct 2020 16:44:19

US3452200

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 09:27:47

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	06 Oct 2020 16:44:35

US3452200

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '06 Oct 2020'	Kim Calloway (b) (4) (b) (4)	06 Oct 2020 16:44:35

US3452200

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	Kim Calloway (b) (4) (b) (4)	06 Oct 2020 16:44:35

US3452200

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 09:27:47

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'VISIT3'	System	06 Oct 2020 16:44:35

US3452200

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Kim Calloway (b) (4) (b) (4)	06 Oct 2020 16:44:41

US3452200

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	06 Oct 2020 16:44:41

US3452200

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	06 Oct 2020 16:44:41

US3452200

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered empty.	System	06 Oct 2020 16:44:41

US3452200

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	06 Oct 2020 16:44:41

US3452200

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

[Route of measurement](#)

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	06 Oct 2020 16:44:41

US3452200

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	06 Oct 2020 16:44:41

US3452200

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	06 Oct 2020 16:44:41

US3452200

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

[Pulse units](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Oct 2020 16:44:41

US3452200

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	06 Oct 2020 16:44:41

US3452200

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Oct 2020 16:44:41

US3452200

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	06 Oct 2020 16:44:41

US3452200

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Oct 2020 16:44:41

US3452200

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered empty.	Kim Calloway (b) (4) (b) (4)	06 Oct 2020 16:44:41

US3452200

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 09:27:47

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered empty.	System	06 Oct 2020 16:44:41

US3452200

Folder: Visit 3 Day 57 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 09:27:47

[Was the physical examination performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	06 Oct 2020 16:44:49

US3452200

Folder: Visit 3 Day 57 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 09:27:47

Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
User entered '06 Oct 2020'	Kim Calloway (b) (4) (b) (4)	06 Oct 2020 16:44:49

US3452200

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:27:47

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	06 Oct 2020 16:45:02

US3452200

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:27:47

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '06 Oct 2020'	Kim Calloway (b) (4) (b) (4)	06 Oct 2020 16:45:02

US3452200

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '10:25'	Kim Calloway (b) (4) (b) (4)	06 Oct 2020 16:45:02

US3452200

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '06 Oct 2020 10:25'	System	06 Oct 2020 16:45:02

US3452200

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Chalimar Rojo (b) (4) (b) (4)	28 Oct 2020 21:27:56

US3452200

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:47

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	28 Oct 2020 21:27:56

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered 'Day 64'	System	04 Aug 2020 19:31:19

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (AAA079B4-E312-47B0-8CE1-C1A89996CEAA)', Time: '2020-10-06T11:40:21', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '568a3c1f-6506-41eb-8093-b3d7b4611720'	System	06 Oct 2020 16:40:34
User entered 'No (N)'	System	06 Oct 2020 16:40:34

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (AAA079B4-E312-47B0-8CE1-C1A89996CEAA)', Time: '2020-10-06T11:40:26', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '568a3c1f-6506-41eb-8093-b3d7b4611720'	System	06 Oct 2020 16:40:34
User entered 'No (N)'	System	06 Oct 2020 16:40:34

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (AAA079B4-E312-47B0-8CE1-C1A89996CEAA)', Time: '2020-10-06T11:40:31', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '568a3c1f-6506-41eb-8093-b3d7b4611720'	System	06 Oct 2020 16:40:34
User entered '06 Oct 2020 11:40:31'	System	06 Oct 2020 16:40:34

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered '04 Oct 2020 00:01'	System	04 Aug 2020 19:31:19

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered '08 Oct 2020 23:59'	System	04 Aug 2020 19:31:19

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered 'Day 71'	System	04 Aug 2020 19:31:19

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (AAA079B4-E312-47B0-8CE1-C1A89996CEAA)', Time: '2020-10-11T07:32:32', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '9336cc03-a3cf-4422-9240-67bc974bc8ad'	System	11 Oct 2020 12:32:49
User entered 'No (N)'	System	11 Oct 2020 12:32:49

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (AAA079B4-E312-47B0-8CE1-C1A89996CEAA)', Time: '2020-10-11T07:32:40', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '9336cc03-a3cf-4422-9240-67bc974bc8ad'	System	11 Oct 2020 12:32:49
User entered 'No (N)'	System	11 Oct 2020 12:32:49

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (AAA079B4-E312-47B0-8CE1-C1A89996CEAA)', Time: '2020-10-11T07:32:48', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '9336cc03-a3cf-4422-9240-67bc974bc8ad' User entered '11 Oct 2020 07:32:48'	System	11 Oct 2020 12:32:49
	System	11 Oct 2020 12:32:49

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered '11 Oct 2020 00:01'	System	04 Aug 2020 19:31:19

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered '15 Oct 2020 23:59'	System	04 Aug 2020 19:31:19

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered 'Day 78'	System	04 Aug 2020 19:31:19

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (AAA079B4-E312-47B0-8CE1-C1A89996CEAA)', Time: '2020-10-18T00:01:23', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '31e5c858-4b6e-430a-b664-d661b242cfc9' User entered 'No (N)'	System	18 Oct 2020 05:01:42
	System	18 Oct 2020 05:01:42

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (AAA079B4-E312-47B0-8CE1-C1A89996CEAA)', Time: '2020-10-18T00:01:28', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '31e5c858-4b6e-430a-b664-d661b242cfc9'	System	18 Oct 2020 05:01:42
User entered 'No (N)'	System	18 Oct 2020 05:01:42

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (AAA079B4-E312-47B0-8CE1-C1A89996CEAA)', Time: '2020-10-18T00:01:32', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '31e5c858-4b6e-430a-b664-d661b242cfc9' User entered '18 Oct 2020 00:01:32'	System	18 Oct 2020 05:01:42
	System	18 Oct 2020 05:01:42

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered '18 Oct 2020 00:01'	System	04 Aug 2020 19:31:19

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered '22 Oct 2020 23:59'	System	04 Aug 2020 19:31:19

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered 'Day 92'	System	04 Aug 2020 19:31:19

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (AAA079B4-E312-47B0-8CE1-C1A89996CEAA)', Time: '2020-11-02T08:56:14', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '741efd10-7f05-400a-8a6b-8a499da2d5c6'	System	02 Nov 2020 14:56:35
User entered 'No (N)'	System	02 Nov 2020 14:56:35

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (AAA079B4-E312-47B0-8CE1-C1A89996CEAA)', Time: '2020-11-02T08:56:21', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '741efd10-7f05-400a-8a6b-8a499da2d5c6'	System	02 Nov 2020 14:56:35
User entered 'No (N)'	System	02 Nov 2020 14:56:35

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (AAA079B4-E312-47B0-8CE1-C1A89996CEAA)', Time: '2020-11-02T08:56:32', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '741efd10-7f05-400a-8a6b-8a499da2d5c6' User entered '02 Nov 2020 08:56:32'	System	02 Nov 2020 14:56:35
	System	02 Nov 2020 14:56:35

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered '01 Nov 2020 00:01'	System	04 Aug 2020 19:31:19

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered '05 Nov 2020 23:59'	System	04 Aug 2020 19:31:19

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered 'Day 99'	System	04 Aug 2020 19:31:19

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (AAA079B4-E312-47B0-8CE1-C1A89996CEAA)', Time: '2020-11-09T11:10:00', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'f94b1976-659d-4284-86f6-d855e83d6aa7'	System	09 Nov 2020 17:10:15
User entered 'No (N)'	System	09 Nov 2020 17:10:15

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (AAA079B4-E312-47B0-8CE1-C1A89996CEAA)', Time: '2020-11-09T11:10:05', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'f94b1976-659d-4284-86f6-d855e83d6aa7'	System	09 Nov 2020 17:10:15
User entered 'No (N)'	System	09 Nov 2020 17:10:15

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (AAA079B4-E312-47B0-8CE1-C1A89996CEAA)', Time: '2020-11-09T11:10:11', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: 'f94b1976-659d-4284-86f6-d855e83d6aa7'	System	09 Nov 2020 17:10:15
User entered '09 Nov 2020 11:10:11'	System	09 Nov 2020 17:10:15

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered '08 Nov 2020 00:01'	System	04 Aug 2020 19:31:19

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered '12 Nov 2020 23:59'	System	04 Aug 2020 19:31:19

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered 'Day 106'	System	04 Aug 2020 19:31:19

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (AAA079B4-E312-47B0-8CE1-C1A89996CEAA)', Time: '2020-11-15T00:02:06', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '3f15ce3c-6de1-4263-a654-ace5fadbc27'	System	15 Nov 2020 06:02:24
User entered 'No (N)'	System	15 Nov 2020 06:02:24

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (AAA079B4-E312-47B0-8CE1-C1A89996CEAA)', Time: '2020-11-15T00:02:15', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '3f15ce3c-6de1-4263-a654-ace5fadbc27'	System	15 Nov 2020 06:02:24
User entered 'No (N)'	System	15 Nov 2020 06:02:24

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (AAA079B4-E312-47B0-8CE1-C1A89996CEAA)', Time: '2020-11-15T00:02:22', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '3f15ce3c-6de1-4263-a654-ace5fadbc27'	System	15 Nov 2020 06:02:24
User entered '15 Nov 2020 00:02:22'	System	15 Nov 2020 06:02:24

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered '15 Nov 2020 00:01'	System	04 Aug 2020 19:31:19

US3452200

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 19:31:19
User entered '19 Nov 2020 23:59'	System	04 Aug 2020 19:31:19

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 61'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '01 Oct 2020 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '05 Oct 2020 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 68'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '08 Oct 2020 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '12 Oct 2020 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[TIMEPOINT](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 75'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '15 Oct 2020 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '19 Oct 2020 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 82'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '22 Oct 2020 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '26 Oct 2020 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 89'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '29 Oct 2020 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '02 Nov 2020 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 96'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '05 Nov 2020 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '09 Nov 2020 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[TIMEPOINT](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 103'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '12 Nov 2020 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '16 Nov 2020 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 110'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (AAA079B4-E312-47B0-8CE1-C1A89996CEAA)', Time: '2020-11-19T13:23:04', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '125d5197-2ee6-4fbd-b36c-63e78597ffcd'	System	19 Nov 2020 19:23:25
User entered 'No (N)'	System	19 Nov 2020 19:23:25

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (AAA079B4-E312-47B0-8CE1-C1A89996CEAA)', Time: '2020-11-19T13:23:10', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '125d5197-2ee6-4fbd-b36c-63e78597ffcd'	System	19 Nov 2020 19:23:25
User entered 'No (N)'	System	19 Nov 2020 19:23:25

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (AAA079B4-E312-47B0-8CE1-C1A89996CEAA)', Time: '2020-11-19T13:23:17', User OID: 'PatientReportedOutcome (US3452200)', ODM File OID: '125d5197-2ee6-4fbd-b36c-63e78597ffcd' User entered '19 Nov 2020 13:23:17'	System	19 Nov 2020 19:23:25
	System	19 Nov 2020 19:23:25

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '19 Nov 2020 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '23 Nov 2020 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 117'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '26 Nov 2020 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '30 Nov 2020 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 124'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '03 Dec 2020 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '07 Dec 2020 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 131'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '10 Dec 2020 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '14 Dec 2020 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 138'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '17 Dec 2020 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '21 Dec 2020 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[TIMEPOINT](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 145'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '24 Dec 2020 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '28 Dec 2020 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[TIMEPOINT](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 152'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '31 Dec 2020 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '04 Jan 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[TIMEPOINT](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 159'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '07 Jan 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '11 Jan 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 166'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '14 Jan 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '18 Jan 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[TIMEPOINT](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 173'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '21 Jan 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '25 Jan 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 180'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '28 Jan 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '01 Feb 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 187'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '04 Feb 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '08 Feb 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 194'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '11 Feb 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '15 Feb 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 201'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '18 Feb 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '22 Feb 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 208'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '25 Feb 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '01 Mar 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 215'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '04 Mar 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '08 Mar 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 222'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '11 Mar 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '15 Mar 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 229'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '18 Mar 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '22 Mar 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 236'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '25 Mar 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '29 Mar 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 243'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '01 Apr 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '05 Apr 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 250'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '08 Apr 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '12 Apr 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 257'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '15 Apr 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '19 Apr 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 264'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '22 Apr 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '26 Apr 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[TIMEPOINT](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 271'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '29 Apr 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '03 May 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 278'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '06 May 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '10 May 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 285'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '13 May 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '17 May 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 292'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '20 May 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '24 May 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 299'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '27 May 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '31 May 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 306'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '03 Jun 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '07 Jun 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 313'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '10 Jun 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '14 Jun 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 320'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '17 Jun 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '21 Jun 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 327'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '24 Jun 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '28 Jun 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 334'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '01 Jul 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '05 Jul 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 341'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '08 Jul 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '12 Jul 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 348'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '15 Jul 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '19 Jul 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 355'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '22 Jul 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '26 Jul 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 362'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '29 Jul 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '02 Aug 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 369'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '05 Aug 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '09 Aug 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 376'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '12 Aug 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '16 Aug 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 383'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '19 Aug 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '23 Aug 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 390'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '26 Aug 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '30 Aug 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 397'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '02 Sep 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '06 Sep 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 404'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '09 Sep 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '13 Sep 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 411'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '16 Sep 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '20 Sep 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 418'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '23 Sep 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '27 Sep 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[TIMEPOINT](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 425'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '30 Sep 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '04 Oct 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 432'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '07 Oct 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '11 Oct 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 439'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '14 Oct 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '18 Oct 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 446'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '21 Oct 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '25 Oct 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 453'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '28 Oct 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '01 Nov 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 460'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '04 Nov 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '08 Nov 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[TIMEPOINT](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 467'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '11 Nov 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '15 Nov 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 474'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '18 Nov 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '22 Nov 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 481'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '25 Nov 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '29 Nov 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 488'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '02 Dec 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '06 Dec 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 495'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '09 Dec 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '13 Dec 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 502'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '16 Dec 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '20 Dec 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 509'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '23 Dec 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '27 Dec 2021 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 516'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '30 Dec 2021 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '03 Jan 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 523'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '06 Jan 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '10 Jan 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 530'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '13 Jan 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '17 Jan 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 537'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '20 Jan 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '24 Jan 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 544'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '27 Jan 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '31 Jan 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 551'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '03 Feb 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '07 Feb 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 558'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '10 Feb 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '14 Feb 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 565'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '17 Feb 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '21 Feb 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 572'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '24 Feb 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '28 Feb 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 579'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '03 Mar 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '07 Mar 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 586'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '10 Mar 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '14 Mar 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 593'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '17 Mar 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '21 Mar 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 600'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '24 Mar 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '28 Mar 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 607'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '31 Mar 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '04 Apr 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 614'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '07 Apr 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '11 Apr 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 621'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '14 Apr 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '18 Apr 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 628'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '21 Apr 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '25 Apr 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 635'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '28 Apr 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '02 May 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 642'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '05 May 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '09 May 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 649'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '12 May 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '16 May 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 656'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '19 May 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '23 May 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 663'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '26 May 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '30 May 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 670'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '02 Jun 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '06 Jun 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 677'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '09 Jun 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '13 Jun 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 684'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '16 Jun 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '20 Jun 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 691'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '23 Jun 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '27 Jun 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 698'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '30 Jun 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '04 Jul 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[TIMEPOINT](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 705'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '07 Jul 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '11 Jul 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 712'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '14 Jul 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '18 Jul 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 719'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '21 Jul 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '25 Jul 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 726'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '28 Jul 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '01 Aug 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 733'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '04 Aug 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '08 Aug 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 740'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '11 Aug 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '15 Aug 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 747'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '18 Aug 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '22 Aug 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 754'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '25 Aug 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '29 Aug 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 761'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '01 Sep 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '05 Sep 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 768'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '08 Sep 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '12 Sep 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 775'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '15 Sep 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '19 Sep 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 782'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '22 Sep 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '26 Sep 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 789'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '29 Sep 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '03 Oct 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered 'Day 796'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '06 Oct 2022 00:01'	System	19 Nov 2020 12:44:52

US3452200

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 09:27:47

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:44:52
Amendment Manager: User entered '10 Oct 2022 23:59'	System	19 Nov 2020 12:44:52

US3452200

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Chalimar Rojo (b) (4) (b) (4)	28 Oct 2020 21:28:11

US3452200

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered '27 Oct 2020'	Chalimar Rojo (b) (4) (b) (4)	28 Oct 2020 21:28:11

US3452200

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Chalimar Rojo (b) (4) (b) (4)	28 Oct 2020 21:28:11

US3452200

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 09:27:47

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Chalimar Rojo (b) (4) (b) (4)	28 Oct 2020 21:28:11

US3452200

Folder: Safety Call Day 85 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Chalimar Rojo (b) (4) (b) (4)	28 Oct 2020 21:28:18

US3452200

Folder: Safety Call Day 85 (1)

Form: Continuing

Generated On: 26 Nov 2020 09:27:47

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	28 Oct 2020 21:28:18

US3452200

Folder: Covid-19 Assessment 11 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 09:27:47

[Date of Contact](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Oct 2020 19:36:47
User entered '11 Sep 2020'	Kim Hamilton (b) (4)	20 Oct 2020 19:10:37

US3452200

Folder: Covid-19 Assessment 11 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 09:27:47

[Time of Contact](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Oct 2020 19:36:47
User entered '18:00'	Kim Hamilton (b) (4)	20 Oct 2020 19:10:37

US3452200

Folder: Covid-19 Assessment 11 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 09:27:47

[Date and Time of Contact \(derived\)](#)

Audit	User	Time (GMT)
User entered '11 Sep 2020 18:00'	System	20 Oct 2020 19:10:37

US3452200

Folder: Covid-19 Assessment 11 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 09:27:47

[Type of Contact](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Oct 2020 19:36:47
User entered 'Safety Call (Safety Call)'	Kim Hamilton (b) (4)	20 Oct 2020 19:10:37

US3452200

Folder: Covid-19 Assessment 11 Sep 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 09:27:47

[Has the subject reported symptoms of SARS-COV-2?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Oct 2020 19:36:47
User entered 'No (N)'	Kim Hamilton (b) (4)	20 Oct 2020 19:10:37

US3452200

Folder: Covid-19 Assessment 11 Sep 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 09:27:47

[Generate Next COVID-19 Assessment](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Oct 2020 19:36:52
User entered 'No (N)'	Kim Hamilton (b) (4)	20 Oct 2020 19:10:45

US3452200

Folder: Covid-19 Assessment 17 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 09:27:47

[Date of Contact](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Oct 2020 19:34:43
User entered '17 Aug 2020'	Kim Hamilton (b) (4)	20 Oct 2020 19:07:17

US3452200

Folder: Covid-19 Assessment 17 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 09:27:47

[Time of Contact](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Oct 2020 19:34:43
User entered '18:00'	Kim Hamilton (b) (4)	20 Oct 2020 19:07:17

US3452200

Folder: Covid-19 Assessment 17 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 09:27:47

[Date and Time of Contact \(derived\)](#)

Audit	User	Time (GMT)
User entered '17 Aug 2020 18:00'	System	20 Oct 2020 19:07:17

US3452200

Folder: Covid-19 Assessment 17 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 09:27:47

[Type of Contact](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Oct 2020 19:34:43
User entered 'Safety Call (Safety Call)'	Kim Hamilton (b) (4)	20 Oct 2020 19:07:17

US3452200

Folder: Covid-19 Assessment 17 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 09:27:47

[Has the subject reported symptoms of SARS-COV-2?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Oct 2020 19:34:43
User entered 'No (N)'	Kim Hamilton (b) (4)	20 Oct 2020 19:07:17

US3452200

Folder: Covid-19 Assessment 17 Aug 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 09:27:47

[Generate Next COVID-19 Assessment](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Oct 2020 19:36:34
User entered 'Yes (Y)' reason for change: Data Entry Error	Kim Hamilton (b) (4)	20 Oct 2020 19:10:12
User entered 'No (N)' reason for change: Data Entry Error	Kim Hamilton (b) (4)	20 Oct 2020 19:07:45
User entered 'Yes (Y)'	Kim Hamilton (b) (4)	20 Oct 2020 19:07:29

US3452200

Folder: Adverse Events

Form: Adverse Events Summary

Generated On: 26 Nov 2020 09:27:47

[Did the participant experience any adverse events?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:35:35
User entered 'No (N)' reason for change: Data Entry Error	Kim Hamilton (b) (4)	20 Aug 2020 12:03:17
User entered 'Yes (Y)'	Kim Hamilton (b) (4)	18 Aug 2020 18:40:42

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination Summary

Generated On: 26 Nov 2020 09:27:47

[Were any prior/concomitant medications and/or vaccinations taken?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:42:00
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:31:30

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:27:47

[Name of Medication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:43:42
User coded data point as ATC: CARDIOVASCULAR SYSTEM, ATC: CALCIUM CHANNEL BLOCKERS, ATC: SELECTIVE CALCIUM CHANNEL BLOCKERS WITH DIRECT CARDIAC EFFECTS, ATC: PHENYLALKYLAMINE DERIVATIVES, PRODUCT: VERAPAMIL - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	19 Aug 2020 07:06:14
User coded data point as Term Coded data point by User: (b) (6) - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	19 Aug 2020 07:06:14
Data point term sent to Coder	System	18 Aug 2020 17:32:39
User entered 'VERAPAMIL'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:32:13

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:27:47

[Prophylaxis](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:43:44
User entered 'No (N)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:32:13

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:27:47

[Indication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:43:46
User entered 'HIGH BLOOD PRESSURE'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:32:13

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:27:47

[Dose per administration](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:43:48
User entered '240'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:32:13

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:27:47

[Dose unit](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:43:50
User entered 'mg (mg)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:32:13

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:27:47

[If dose unit is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:43:51
User entered empty.	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:32:13

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:27:47

[Frequency](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:43:54
User entered 'twice daily (BID)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:32:13

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:27:47

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:43:55
User entered empty.	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:32:13

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:27:47

[Route of administration](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:43:57
User entered 'Oral (ORAL)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:32:13

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:27:47

If route of administration is Other, specify

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:44:00
User entered empty.	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:32:13

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:44:02
Amendment Manager: Query closed during migration process because the edit check no longer exists in target version.	System	21 Aug 2020 02:02:31
User opened query 'Medication start date is greater than 28 days prior to first IP injection. Per study guidelines, only medications that are less than or equal to 28 of first study treatment should be recorded. Please reconcile.' (Site from System).	System	18 Aug 2020 17:32:13
User entered 'UN UNK 2000'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:32:13

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:27:47

[Start date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:44:03
User entered '0'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:32:13

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:27:47

[Ongoing?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:44:05
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:32:13

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:27:47

If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:44:06
User entered empty.	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:32:13

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:27:47

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:44:12
User entered 'No (N)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:32:13

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:27:47

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '2'	System	18 Aug 2020 17:32:13

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:27:47

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	18 Aug 2020 17:32:13

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 09:27:47

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered '804 (804)'	System	18 Aug 2020 17:32:13

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:27:47

[Name of Medication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:44:19
User coded data point as ATC: CARDIOVASCULAR SYSTEM, ATC: AGENTS ACTING ON THE RENIN-ANGIOTENSIN SYSTEM, ATC: ACE INHIBITORS, PLAIN, ATC: ACE INHIBITORS, PLAIN, PRODUCT: ENALAPRIL - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	19 Aug 2020 00:33:17
User coded data point as Term Coded data point by User: (b) (6) - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	19 Aug 2020 00:33:17
Data point term sent to Coder	System	18 Aug 2020 17:33:40
User entered 'ENALIPRIL'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:33:01

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:27:47

[Prophylaxis](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:44:21
User entered 'No (N)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:33:01

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:27:47

[Indication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:44:23
User entered 'HIGH BLOOD PRESSURE'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:33:01

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:27:47

[Dose per administration](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:44:25
User entered '20'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:33:01

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:27:47

[Dose unit](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:44:26
User entered 'mg (mg)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:33:01

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:27:47

[If dose unit is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:44:27
User entered empty.	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:33:01

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:27:47

[Frequency](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:44:29
User entered 'twice daily (BID)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:33:01

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:27:47

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:44:32
User entered empty.	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:33:01

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:27:47

[Route of administration](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:44:33
User entered 'Oral (ORAL)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:33:01

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:27:47

If route of administration is Other, specify

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:44:35
User entered empty.	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:33:01

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:44:38
Amendment Manager: Query closed during migration process because the edit check no longer exists in target version.	System	21 Aug 2020 02:02:31
User opened query 'Medication start date is greater than 28 days prior to first IP injection. Per study guidelines, only medications that are less than or equal to 28 of first study treatment should be recorded. Please reconcile.' (Site from System).	System	18 Aug 2020 17:33:01
User entered 'UN UNK 2000'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:33:01

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:27:47

[Start date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:44:41
User entered '0'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:33:01

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:27:47

[Ongoing?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:44:39
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:33:01

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:27:47

If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:44:42
User entered empty.	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:33:01

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:27:47

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:44:44
User entered 'No (N)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:33:01

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:27:47

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '2'	System	18 Aug 2020 17:33:01

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:27:47

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	18 Aug 2020 17:33:01

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 09:27:47

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered '804 (804)'	System	18 Aug 2020 17:33:01

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:27:47

[Name of Medication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:44:49
User coded data point as ATC: CARDIOVASCULAR SYSTEM, ATC: BETA BLOCKING AGENTS, ATC: BETA BLOCKING AGENTS, ATC: BETA BLOCKING AGENTS, SELECTIVE, PRODUCT: METOPROLOL - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	18 Aug 2020 18:10:02
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	18 Aug 2020 18:10:02
Data point term sent to Coder	System	18 Aug 2020 17:34:41
User entered 'METOPROLOL'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:33:53

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:27:47

[Prophylaxis](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:44:51
User entered 'No (N)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:33:53

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:27:47

[Indication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:44:54
User entered 'HIGH BLOOD PRESSURE'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:33:53

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:27:47

[Dose per administration](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:44:56
User entered '100'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:33:53

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:27:47

[Dose unit](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:44:58
User entered 'mg (mg)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:33:53

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:27:47

[If dose unit is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:45:00
User entered empty.	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:33:53

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:27:47

[Frequency](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:45:05
User entered 'twice daily (BID)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:33:53

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:27:47

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:45:07
User entered empty.	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:33:53

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:27:47

[Route of administration](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:45:09
User entered 'Oral (ORAL)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:33:53

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:27:47

If route of administration is Other, specify

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:45:11
User entered empty.	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:33:53

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:45:14
Amendment Manager: Query closed during migration process because the edit check no longer exists in target version.	System	21 Aug 2020 02:02:31
User opened query 'Medication start date is greater than 28 days prior to first IP injection. Per study guidelines, only medications that are less than or equal to 28 of first study treatment should be recorded. Please reconcile.' (Site from System).	System	18 Aug 2020 17:33:53
User entered 'UN UNK 2000'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:33:53

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:27:47

[Start date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:45:16
User entered '0'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:33:53

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:27:47

[Ongoing?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:45:18
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:33:53

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:27:47

If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:45:19
User entered empty.	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:33:53

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:27:47

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:45:21
User entered 'No (N)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:33:53

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:27:47

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '2'	System	18 Aug 2020 17:33:53

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:27:47

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	18 Aug 2020 17:33:53

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 09:27:47

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered '804 (804)'	System	18 Aug 2020 17:33:53

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:27:47

[Name of Medication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:45:26
User coded data point as ATC: CARDIOVASCULAR SYSTEM, ATC: DIURETICS, ATC: LOW-CEILING DIURETICS, THIAZIDES, ATC: THIAZIDES, PLAIN, PRODUCT: HYDROCHLOROTHIAZIDE - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	18 Aug 2020 18:10:01
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	18 Aug 2020 18:10:01
Data point term sent to Coder	System	18 Aug 2020 17:34:41
User entered 'HYDROCHLOROTHIAZIDE'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:34:36

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:27:47

[Prophylaxis](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:45:28
User entered 'No (N)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:34:36

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:27:47

[Indication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered 'HIGH BLOOD PRESSURE'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:34:36

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:27:47

[Dose per administration](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered '25'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:34:36

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:27:47

[Dose unit](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered 'mg (mg)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:34:36

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:27:47

[If dose unit is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered empty.	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:34:36

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:27:47

[Frequency](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered 'once daily (QD)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:34:36

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:27:47

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered empty.	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:34:36

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:27:47

[Route of administration](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered 'Oral (ORAL)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:34:36

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:27:47

[If route of administration is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered empty.	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:34:36

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
Amendment Manager: Query closed during migration process because the edit check no longer exists in target version.	System	21 Aug 2020 02:02:31
User opened query 'Medication start date is greater than 28 days prior to first IP injection. Per study guidelines, only medications that are less than or equal to 28 of first study treatment should be recorded. Please reconcile.' (Site from System).	System	18 Aug 2020 17:34:36
User entered 'UN UNK 2000'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:34:36

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:27:47

[Start date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered '0'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:34:36

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:27:47

[Ongoing?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:34:36

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:27:47

If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered empty.	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:34:36

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:27:47

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered 'No (N)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:34:36

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:27:47

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	18 Aug 2020 17:34:36

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:27:47

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	18 Aug 2020 17:34:36

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 26 Nov 2020 09:27:47

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered '804 (804)'	System	18 Aug 2020 17:34:36

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:27:47

[Name of Medication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User coded data point as ATC: CARDIOVASCULAR SYSTEM, ATC: LIPID MODIFYING AGENTS, ATC: LIPID MODIFYING AGENTS, PLAIN, ATC: HMG COA REDUCTASE INHIBITORS, PRODUCT: ROSUVASTATIN - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	18 Aug 2020 18:10:04
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	18 Aug 2020 18:10:04
Data point term sent to Coder	System	18 Aug 2020 17:35:42
User entered 'ROSUVASTATIN'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:35:11

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:27:47

[Prophylaxis](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered 'No (N)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:35:11

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:27:47

[Indication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered 'HIGH CHOLESTEROL'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:35:11

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:27:47

[Dose per administration](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered '10'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:35:11

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:27:47

[Dose unit](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered 'mg (mg)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:35:11

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:27:47

[If dose unit is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered empty.	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:35:11

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:27:47

[Frequency](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered 'once daily (QD)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:35:11

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:27:47

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered empty.	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:35:11

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:27:47

[Route of administration](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered 'Oral (ORAL)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:35:11

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:27:47

If route of administration is Other, specify

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered empty.	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:35:11

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
Amendment Manager: Query closed during migration process because the edit check no longer exists in target version.	System	21 Aug 2020 02:02:31
User opened query 'Medication start date is greater than 28 days prior to first IP injection. Per study guidelines, only medications that are less than or equal to 28 of first study treatment should be recorded. Please reconcile.' (Site from System).	System	18 Aug 2020 17:35:11
User entered 'UN UNK 2000'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:35:11

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:27:47

[Start date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered '0'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:35:11

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:27:47

[Ongoing?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered 'Yes (Y)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:35:11

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:27:47

If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered empty.	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:35:11

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:27:47

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered 'No (N)'	Kim Calloway (b) (4) (b) (4)	18 Aug 2020 17:35:11

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:27:47

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	18 Aug 2020 17:35:11

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:27:47

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	18 Aug 2020 17:35:11

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 26 Nov 2020 09:27:47

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered '804 (804)'	System	18 Aug 2020 17:35:11

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:27:47

[Name of Medication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User coded data point as ATC: NERVOUS SYSTEM, ATC: ANALGESICS, ATC: OTHER ANALGESICS AND ANTIPYRETICS, ATC: ANILIDES, PRODUCT: PARACETAMOL, PRODUCTSYNONYM: ACETAMINOPHEN - version WHODrug-Global-B3\\202003.	Coder Import (b) (4)	21 Aug 2020 16:41:40
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	(b) (4)	21 Aug 2020 16:41:40
Data point term sent to Coder	System	21 Aug 2020 16:36:32
User entered 'ACETAMINOPHEN'	Kim Hamilton (b) (4)	21 Aug 2020 16:35:58

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:27:47

[Prophylaxis](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered 'No (N)'	Kim Hamilton (b) (4)	21 Aug 2020 16:35:58

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:27:47

[Indication](#)

Audit	User	Time (GMT)
User closed query 'Per DM CLR: Please note that there is no AE that matches this Con Med indication during this time frame. Please review Con Med use and add a medical condition and all applicable details to the AE eCRF as appropriate.' (Site from DM).	(b) (4), (b) (6)	23 Nov 2020 09:48:53
Query 'Per DM CLR: Please note that there is no AE that matches this Con Med indication during this time frame. Please review Con Med use and add a medical condition and all applicable details to the AE eCRF as appropriate.' answered with 'DOES NOT MEET CRITERIA FOR AE' (Site from DM).	Kim Hamilton (b) (4)	19 Nov 2020 20:24:01
User opened query 'Per DM CLR: Please note that there is no AE that matches this Con Med indication during this time frame. Please review Con Med use and add a medical condition and all applicable details to the AE eCRF as appropriate.' (Site from DM).	(b) (4), (b) (6)	13 Nov 2020 12:59:47
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
Query 'Per DM CLR: Was this medication taken for solicited event?=YES. However, there is no record of PAIN AT INJECTION SITE in eDiary and AE ecrf page. Review if this should be updated to No and if the condition should be added in AE page.' canceled (Site from DM).	(b) (4), (b) (6)	05 Oct 2020 08:22:39
User opened query 'Per DM CLR: Was this medication taken for solicited event?=YES. However, there is no record of PAIN AT INJECTION SITE in eDiary and AE ecrf page. Review if this should be updated to No and if the condition should be added in AE page.' (Site from DM).	(b) (4), (b) (6)	05 Oct 2020 08:22:34
User entered 'PAIN AT INJECTION SITE'	Kim Hamilton (b) (4)	21 Aug 2020 16:35:58

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:27:47

[Dose per administration](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered '1000'	Kim Hamilton (b) (4)	21 Aug 2020 16:35:58

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:27:47

[Dose unit](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered 'mg (mg)'	Kim Hamilton (b) (4)	21 Aug 2020 16:35:58

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:27:47

[If dose unit is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered empty.	Kim Hamilton (b) (4)	21 Aug 2020 16:35:58

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:27:47

[Frequency](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered 'once daily (QD)'	Kim Hamilton (b) (4)	21 Aug 2020 16:35:58

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:27:47

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered empty.	Kim Hamilton (b) (4)	21 Aug 2020 16:35:58

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:27:47

[Route of administration](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered 'Oral (ORAL)'	Kim Hamilton (b) (4)	21 Aug 2020 16:35:58

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:27:47

If route of administration is Other, specify

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered empty.	Kim Hamilton (b) (4)	21 Aug 2020 16:35:58

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered '04 Aug 2020'	Kim Hamilton (b) (4)	21 Aug 2020 16:35:58

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:27:47

[Start date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered '0'	Kim Hamilton (b) (4)	21 Aug 2020 16:35:58

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:27:47

[Ongoing?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered 'No (N)'	Kim Hamilton (b) (4)	21 Aug 2020 16:35:58

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:27:47

If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User entered '07 Aug 2020'	Kim Hamilton (b) (4)	21 Aug 2020 16:35:58

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:27:47

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 17:47:00
User closed query 'Per DM CLR: Was this medication taken for solicited event?=YES. However, there is no record of PAIN AT INJECTION SITE in eDiary and AE ecrf page. Review if this should be updated to No and if the condition should be added in AE page. ' (Site from DM).	(b) (4), (b) (6)	20 Oct 2020 14:50:36
Query 'Per DM CLR: Was this medication taken for solicited event?=YES. However, there is no record of PAIN AT INJECTION SITE in eDiary and AE ecrf page. Review if this should be updated to No and if the condition should be added in AE page. ' answered with ' ' (Site from DM).	Kim Calloway (b) (4)	06 Oct 2020 16:46:47
User entered 'No (N)' reason for change: Data Entry Error	Kim Calloway (b) (4)	06 Oct 2020 16:46:42
User opened query 'Per DM CLR: Was this medication taken for solicited event?=YES. However, there is no record of PAIN AT INJECTION SITE in eDiary and AE ecrf page. Review if this should be updated to No and if the condition should be added in AE page. ' (Site from DM).	(b) (4), (b) (6)	05 Oct 2020 08:23:05
User entered 'Yes (Y)'	Kim Hamilton (b) (4)	21 Aug 2020 16:35:58

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:27:47

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	21 Aug 2020 16:35:58

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:27:47

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	21 Aug 2020 16:35:58

US3452200

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 26 Nov 2020 09:27:47

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered '804 (804)'	System	21 Aug 2020 16:35:58

US3452200

Folder: End of Study (1)

Form: Dosing Discontinuation

Generated On: 26 Nov 2020 09:27:47

[Date of dosing discontinuation \(dd MMM yyyy\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Oct 2020 19:33:48
User entered '11 Sep 2020'	Kim Hamilton (b) (4)	13 Oct 2020 16:52:05

US3452200

Folder: End of Study (1)

Form: Dosing Discontinuation

Generated On: 26 Nov 2020 09:27:47

[Primary reason for dosing discontinuation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Oct 2020 19:33:48
User entered 'Due to SARS-COV-2 (COVID)'	Kim Hamilton (b) (4)	13 Oct 2020 16:52:05

US3452200

Folder: End of Study (1)

Form: Dosing Discontinuation

Generated On: 26 Nov 2020 09:27:47

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

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Oct 2020 19:33:48
User entered empty.	Kim Hamilton (b) (4)	13 Oct 2020 16:52:05