US3022021 (Prod: Meridian Clinical Research-Savannah)

Generated By: KC Joubran

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Form: Participant Creation

Data signed: (b) (4) 23 Feb 2021 15:39:20

Generated On: 11 Aug 2021 21:56:25

Participant ID US3022021

mRNA-1273-P301 Completion Guidelines

Folder: Screening Form: Visit Date

Data signed: (b) (4) 23 Feb 2021 15:39:31

Was this visit performed?	Yes
	No
Visit date (dd MMM yyyy)	29 JUL 2020
Was visit performed at the participant's home or at the clinic?	Home
	Clinic
Folder OID	SCRN

Folder: Screening Form: Demographics

Data signed: (b) (4) 23 Feb 2021 15:39:31

Date of Birth (MMM yyyy)	(b) (6) 1955
Age	65
Age Units	YEARS
Age (Derived)	65
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

Folder: Screening Form: Enrollment

Data signed: (b) (4) 23 Feb 2021 15:39:31

Date of Informed Consent (dd MMM yyyy)	29 JUL 2020
Month and Year of Informed Consent (derived)	JUL 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

Folder: Screening

Form: Inclusion/Exclusion Criteria Summary Data signed: (b) (4) 23 Feb 2021 15:39:31

Generated On: 11 Aug 2021 21:56:25

Did the participant meet all eligibility criteria?

Yes

Folder: Screening

Form: Medical History Summary

Data signed: (b) (4) 23 Feb 2021 15:39:31

Generated On: 11 Aug 2021 21:56:25

Were any significant conditions reported?

Yes

No

Folder: Screening

Form: Medical History (1)

Data signed: (b) (4) 25 Mar 2021 22:59:33

Condition	POST MENOPAUSAL
Start date (dd MMM yyyy)	UN UNK 1993
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 1993
Start Year (derived)	1993
Stop Month and Year (derived)	
Stop Year (derived)	

Folder: Screening

Form: Medical History (2)

Data signed: (b) (4) 25 Mar 2021 22:59:33

Condition	BASAL CELL CARCINOMA
Start date (dd MMM yyyy)	15 JUL 2020
Start date completely unknown	False
Condition ongoing at study entry	Yes No
If No, please specify the stop date (dd MMM yyyy)	15 JUL 2020
Stop date completely unknown	False
Start Month and Year (derived)	JUL 2020
Start Year (derived)	2020
Stop Month and Year (derived)	JUL 2020
Stop Year (derived)	2020

Folder: Screening

Form: Medical History (3)

Data signed: (b) (4) 25 Mar 2021 22:59:33

Condition	SQUAMOUS CELL CARCINOMA
Start date (dd MMM yyyy)	15 JUL 2020
Start date completely unknown	False
Condition ongoing at study entry	Yes No
If No, please specify the stop date (dd MMM yyyy)	15 JUL 2020
Stop date completely unknown	False
Start Month and Year (derived)	JUL 2020
Start Year (derived)	2020
Stop Month and Year (derived)	JUL 2020
Stop Year (derived)	2020

Folder: Screening

Form: Medical History (4)

Data signed: (b) (4) 25 Mar 2021 22:59:33

Condition	DERMAL FILLERS/COSMETIC
	INJECTION
Start date (dd MMM yyyy)	UN UNK 2020
Start date completely unknown	False
Condition ongoing at study entry	Yes
	No
If No, please specify the stop date (dd MMM yyyy)	UN UNK 2020
Stop date completely unknown	False
Start Month and Year (derived)	JAN 2020
Start Year (derived)	2020
Stop Month and Year (derived)	JAN 2020
Stop Year (derived)	2020

Folder: Screening Form: Vital Signs

Data signed: (b) (4) 23 Feb 2021 15:39:31

Were vital signs assessed?	Yes
	No
Date of assessment (dd MMM yyyy)	29 JUL 2020
Time of assessment (00:00-23:59)	09:08 (24 HR)
Vital Signs Date and Time (derived)	29 JUL 2020 09:08
Height (xxx.x)	166.5 cm
Weight (xxx.x)	67.5 kg
BMI (xxx.x)	24.34867 kg/m ²
BMI units	KG/M2
Temperature (xxx.x)	ND - Not Done
Route of measurement	Oral
	Axillary
	Other
If Other, specify	
Pulse (xxx)	ND - Not Done
Pulse units	BPM
Respiratory Rate (xxx)	ND - Not Done
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	ND - Not Done
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	ND - Not Done
Diastolic Blood Pressure units	MMHG
Height (derived)	
Weight (derived)	

Folder: Screening

Form: Physical Examination

Data signed: (b) (4) 23 Feb 2021 15:39:31

Generated On: 11 Aug 2021 21:56:25

Was the physical examination performed?

Yes No

Date of examination (dd MMM yyyy)

29 JUL 2020

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

Folder: Screening

Form: Childbearing Potential

Data signed: (b) (4) 23 Feb 2021 15:39:31

Date of assessment (dd MMM yyyy)	29 JUL 2020
Is the participant of childbearing potential?	Yes
	No
If No, what is the reason?	Surgically sterile
	Post-menopausal
	Partner medically sterile
	Not reached age of Menarche
	Other
If Partner medically sterile or Other, specify	
If Surgically sterile, date of surgery (dd MMM yyyy)	
Date of surgery unknown	False
If Post-menopausal, date of last menstruation (dd MMM yyyy)	UN UNK 1993
Date of last menstruation unknown	False

Folder: Screening
Form: Risk of Exposure

Data signed: (b) (4) 23 Feb 2021 15:39:31

Occupational Risk	
Healthcare workers (e.g., doctors, nurses, dentists, hospital support	Yes
staff, morgue/mortuary workers)	No
Emergency Response (e.g., Law enforcement officers, Firefighters,	Yes
emergency medical service workers)	No
Retail or Restaurant Operations, particularly those in critical	Yes
and/high-customer volume (e.g., grocery, convenience, hardware, big-box stores)	No
Manufacturing & Production Operations with inherent	Yes
overcrowding (e.g., factory workers, meat/food processing plants)	No
Warehouse shipping and fulfillment centers and jobs (e.g.,	Yes
Amazon facilities)	No
Transportation and delivery services (e.g., airlines, public transit,	Yes
taxi/UBER, fed ex/UPS, postal workers)	No
Border Protection and Military Personnel (e.g., TSA, custom and	Yes
border protection agents, military personnel not social distancing)	No
Personal Care and in-home services (e.g., barber/salon/spa,	Yes
in-home repair services, electricians, plumbers, janitorial services)	No
Hospitality and Tourism Workers (e.g., hotel, casino,	Yes
amusement/theme park, entertainment, ski resorts)	No
Pastoral, Social or Public Health Workers requiring frequent	Yes
contact with community members (e.g., social workers, volunteers, religious clergy)	No
Educators and Students (e.g., teachers, administrators, support staff,	Yes
and students interacting in face-to-face school setting)	No
Other	Yes
	No
Specify	
Location and Living Circumstances Risk (check all that apply)	
No Risk Identified	False
Resides in Nursing Home or Assisted Living Facility	False
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Folder: Screening
Form: Risk of Exposure

Data signed: (b) (4) 23 Feb 2021 15:39:31

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

Folder: Visit 1 Day 1 Form: Visit Date

Data signed: (b) (4) 23 Feb 2021 15:39:31

Was this visit performed?	Yes
	No
Visit date (dd MMM yyyy)	29 JUL 2020
Was visit performed at the participant's home or at the clinic?	Home
	Clinic
Folder OID	VISIT1

Folder: Visit 1 Day 1 Form: Randomization

Data signed: (b) (4) 23 Feb 2021 15:39:31

What was the date of randomization? (dd MMM yyyy)	29 JUL 2020
What was the participant's randomization number?	184088
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 actual condition is recorded on the Medical History form)	are checked as Yes, please ensure the
Chronic lung disease (eg, emphysema and chronic bronchitis,	Yes
idiopathic pulmonary fibrosis and cystic fibrosis, or moderate to severe asthma)	No
Significant cardiac disease (eg, heart failure, coronary artery	Yes
disease, congenital heart disease, cardiomyopathies, and pulmonary hypertension)	No
Severe obesity (body mass index $>$ or = $40 \text{kg/m}2$	Yes
	No
Diabetes (Type I, Type 2, or gestational)	Yes
	No
Liver Disease	Yes
	No

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Data signed: (b) (4) 23 Feb 2021 15:39:31

Height	ND - Not Done
Weight	ND - Not Done

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Data signed: (b) (4) 23 Feb 2021 15:39:31

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)	29 JUL 2020
Time of assessment (00:00-23:59)	09:08 (24 HR)
Vital Signs Date and Time (derived)	29 JUL 2020 09:08
Temperature (xxx.x)	36.6 C
Route of measurement	Oral
	Axillary
	Other
If Other, specify	
Pulse (xxx)	57 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	15 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	111 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	79 mmHg
Diastolic Blood Pressure units	MMHG

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Data signed: (b) (4) 23 Feb 2021 15:39:31

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)	29 JUL 2020
Time of assessment (00:00-23:59)	11:03 (24 HR)
Vital Signs Date and Time (derived)	29 JUL 2020 11:03
Temperature (xxx.x)	36.4 C
Route of measurement	Oral
	Axillary
	Other
If Other, specify	
Pulse (xxx)	61 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	112 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	70 mmHg
Diastolic Blood Pressure units	MMHG

Folder: Visit 1 Day 1

Form: Physical Examination

Data signed: (b) (4) 23 Feb 2021 15:39:31

Generated On: 11 Aug 2021 21:56:25

Was the physical examination performed?

Yes No

Date of examination (dd MMM yyyy)

29 JUL 2020

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

Folder: Visit 1 Day 1 Form: Exposure

Data signed: (b) (4) 23 Feb 2021 15:39:31

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)	29 JUL 2020
What was the treatment time? (00:00-23:59)	10:27 (24 HR)
Treatment Date and Time (derived)	29 JUL 2020 10:27
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

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Data signed: (b) (4) 23 Feb 2021 15:39:31

Was the sample collected?	Yes
	No
Collection date (dd MMM yyyy)	29 JUL 2020
Collection time (00:00-23:59)	09:38 (24 HR)
Collection date and time (derived)	29 JUL 2020 09:38

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab Data signed: (b) (4) 23 Feb 2021 15:39:31

Collection date (dd MMM yyyy)			29 JUL 2020
Lab Test	Was the sample collected?	Collection time (00:00 - 23:59)	Collection date and time (derived)
Nasopharyngeal Swab 1	Yes	09:30	29 JUL 2020 09:30
Nasopharyngeal Swab 2	No		

Folder: Visit 1 Day 1 Form: Continuing

Data signed: (b) (4) 23 Feb 2021 15:39:31

Is the participant continuing to the next visit?	Yes
	No
Continuing Flag	1

Folder: Diary Dose 1 (1) Form: Temperature_Day(1/1)

Generated On: 11 Aug 2021 21:56:25

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.

Was TEMPERATURE taken?	Yes
	No
Please record your TEMPERATURE in °F	97.5 °F
Was any MEDICATION TAKEN today for pain or fever?	Yes
	No
Please confirm reason for pain or fever medication (may select more than one):	_
PC Time Stamp	29 JUL 2020 11:08
PC Open Date & Time	29 JUL 2020 10:47
PC Close Date & Time	29 JUL 2020 13:17

Folder: Diary Dose 1 (1) Form: Temperature_Day(1/2)

Generated On: 11 Aug 2021 21:56:25

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.

Was TEMPERATURE taken?	Yes
	No
Please record your TEMPERATURE in °F	97.1 °F
Was any MEDICATION TAKEN today for pain or fever?	Yes
	No
Please confirm reason for pain or fever medication (may select more than one):	
PC Time Stamp	29 JUL 2020 20:14
PC Open Date & Time	29 JUL 2020 14:12
PC Close Date & Time	30 JUL 2020 11:59

Folder: Diary Dose 1 (1)
Form: Temperature_Day(2)

Generated On: 11 Aug 2021 21:56:25

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.

Was TEMPERATURE taken?	Yes
	No
Please record your TEMPERATURE in °F	98.7 °F
Was any MEDICATION TAKEN today for pain or fever?	Yes
	No
Please confirm reason for pain or fever medication (may select more than one):	
PC Time Stamp	30 JUL 2020 15:18
PC Open Date & Time	30 JUL 2020 12:00
PC Close Date & Time	31 JUL 2020 11:59

Folder: Diary Dose 1 (1) Form: Temperature_Day(3)

Generated On: 11 Aug 2021 21:56:25

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.

Was TEMPERATURE taken?	Yes
	No
Please record your TEMPERATURE in °F	97.4 °F
Was any MEDICATION TAKEN today for pain or fever?	Yes
	No
Please confirm reason for pain or fever medication (may select more than one):	
PC Time Stamp	31 JUL 2020 18:22
PC Open Date & Time	31 JUL 2020 12:00
PC Close Date & Time	01 AUG 2020 11:59

Folder: Diary Dose 1 (1)
Form: Temperature_Day(4)

Generated On: 11 Aug 2021 21:56:25

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.

Was TEMPERATURE taken?	Yes
	No
Please record your TEMPERATURE in °F	96.8 °F
Was any MEDICATION TAKEN today for pain or fever?	Yes
	No
Please confirm reason for pain or fever medication (may select more than one):	
PC Time Stamp	01 AUG 2020 12:29
PC Open Date & Time	01 AUG 2020 12:00
PC Close Date & Time	02 AUG 2020 11:59

Folder: Diary Dose 1 (1) Form: Temperature_Day(5)

Generated On: 11 Aug 2021 21:56:25

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.

Was TEMPERATURE taken?	Yes
	No
Please record your TEMPERATURE in °F	97.0 °F
Was any MEDICATION TAKEN today for pain or fever?	Yes
	No
Please confirm reason for pain or fever medication (may select more than one):	
PC Time Stamp	02 AUG 2020 14:45
PC Open Date & Time	02 AUG 2020 12:00
PC Close Date & Time	03 AUG 2020 11:59

Folder: Diary Dose 1 (1) Form: Temperature_Day(6)

Generated On: 11 Aug 2021 21:56:25

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.

Was TEMPERATURE taken?	Yes
	No
Please record your TEMPERATURE in °F	96.5 °F
Was any MEDICATION TAKEN today for pain or fever?	Yes
	No
Please confirm reason for pain or fever medication (may select more than one):	
PC Time Stamp	03 AUG 2020 13:51
PC Open Date & Time	03 AUG 2020 12:00
PC Close Date & Time	04 AUG 2020 11:59

Folder: Diary Dose 1 (1) Form: Temperature_Day(7)

Generated On: 11 Aug 2021 21:56:25

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.

Was TEMPERATURE taken?	Yes
	No
Please record your TEMPERATURE in °F	96.7 °F
Was any MEDICATION TAKEN today for pain or fever?	Yes
	No
Please confirm reason for pain or fever medication (may select more than one):	
PC Time Stamp	04 AUG 2020 12:26
PC Open Date & Time	04 AUG 2020 12:00
PC Close Date & Time	05 AUG 2020 11:59

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(1/1)

TIMEPOINT	DAY 1, 30 MINUTES AFTER
	VACCINATION (AT STUDY
	CLINIC)
Please record - PAIN AT INJECTION SITE.	None
Please select one response below	Does not interfere with activity
	Repeated use of over-the-counter
	pain reliever > 24 hours or
	interferes with activity Any use of prescription pain
	reliever or prevents daily activity
Is there any REDNESS AT INJECTION SITE?	Yes
	No
Is there any SWELLING/HARDNESS AT INJECTION SITE?	Yes
	No
Please record - UNDERARM GLAND SWELLING OR	None None
TENDERNESS.	Does not interfere with activity
Please select one response below	Repeated use of over-the-counter pain reliever > 24 hours or
	interferes with some activity
	Any use of prescription pain
	reliever or prevents daily activity
PC Time Stamp	29 JUL 2020 11:09
PC Open Date & Time	29 JUL 2020 10:47
PC Close Date & Time	29 JUL 2020 13:17
	<u> </u>

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(1/2)

TIMEPOINT	DAY 1, AFTER VACCINATION
	(AT HOME)
Please record - PAIN AT INJECTION SITE.	None
Please select one response below	Does not interfere with activity
	Repeated use of over-the-counter pain reliever > 24 hours or interferes with activity
	Any use of prescription pain reliever or prevents daily activity
Is there any REDNESS AT INJECTION SITE?	Yes No
Is there any SWELLING/HARDNESS AT INJECTION SITE?	Yes No
Please record - UNDERARM GLAND SWELLING OR	None
TENDERNESS.	Does not interfere with activity
Please select one response below	Repeated use of over-the-counter pain reliever > 24 hours or interferes with some activity
	Any use of prescription pain reliever or prevents daily activity
PC Time Stamp	29 JUL 2020 20:14
PC Open Date & Time	29 JUL 2020 14:12
PC Close Date & Time	30 JUL 2020 11:59

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(2)

TIMEPOINT	DAY 2
Please record - PAIN AT INJECTION SITE.	None
Please select one response below	Does not interfere with activity
	Repeated use of over-the-counter pain reliever > 24 hours or
	interferes with activity Any use of prescription pain
	reliever or prevents daily activity
Is there any REDNESS AT INJECTION SITE?	Yes
	No
Is there any SWELLING/HARDNESS AT INJECTION SITE?	Yes
	No
Please record - UNDERARM GLAND SWELLING OR	None None
TENDERNESS.	Does not interfere with activity
Please select one response below	Repeated use of over-the-counter pain reliever > 24 hours or
	interferes with some activity
	Any use of prescription pain
	reliever or prevents daily activity
PC Time Stamp	30 JUL 2020 15:19
PC Open Date & Time	30 JUL 2020 12:00
PC Close Date & Time	31 JUL 2020 11:59

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(3)

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	None None
TENDERNESS.	Does not interfere with activity
Please select one response below	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	31 JUL 2020 18:23
PC Open Date & Time	31 JUL 2020 12:00
PC Close Date & Time	01 AUG 2020 11:59

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(4)

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	None None
TENDERNESS.	Does not interfere with activity
Please select one response below	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	01 AUG 2020 12:30
PC Open Date & Time	01 AUG 2020 12:00
PC Close Date & Time	02 AUG 2020 11:59

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(5)

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	None None
TENDERNESS.	Does not interfere with activity
Please select one response below	Repeated use of over-the-counter pain reliever > 24 hours or
	interferes with some activity
	Any use of prescription pain
	reliever or prevents daily activity
PC Time Stamp	02 AUG 2020 14:45
PC Open Date & Time	02 AUG 2020 12:00
PC Close Date & Time	03 AUG 2020 11:59

Folder: Diary Dose 1 (1) Form: Injection Site_Day(6)

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	None
TENDERNESS.	Does not interfere with activity
Please select one response below	Repeated use of over-the-counter pain reliever > 24 hours or
	interferes with some activity
	Any use of prescription pain reliever or prevents daily activity
PC Time Stamp	03 AUG 2020 13:51
PC Open Date & Time	03 AUG 2020 13:31
PC Close Date & Time PC Close Date & Time	03 AUG 2020 12:00 04 AUG 2020 11:59
re close date & Time	04 AUG 2020 11:59

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(7)

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	None None
TENDERNESS.	Does not interfere with activity
Please select one response below	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 12:26
PC Open Date & Time	04 AUG 2020 12:00
PC Close Date & Time	05 AUG 2020 11:59

Folder: Diary Dose 1 (1)
Form: General_Day(1/1)

TIMEPOINT	DAY 1, 30 MINUTES AFTER
	VACCINATION (AT STUDY
	CLINIC)
HEADACHE	None 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
PARIOUE	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 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 None
	No interference with activity
	Some interference with activity
	not requiring medical attention
	Prevents daily activity and
	requires medical attention
DDODUCTION DELEASE (~12.002	
PRODUCTION RELEASE (v12.003 EAB) (1725)	42 of 1563
/ \ · /	

Folder: Diary Dose 1 (1)
Form: General_Day(1/1)

Did you receive any MEDICAL ATTENTION (doctor visit, other) for any illness or symptoms?	No Yes
PC Time stamp	29 JUL 2020 11:09
PC Open Date & Time	29 JUL 2020 10:47
PC Close Date & Time	29 JUL 2020 13:17

EAB) (1725)

Folder: Diary Dose 1 (1)
Form: General_Day(1/2)

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
TODAYE A CAMES BY CENTER AT TODAYES	activity
JOINT ACHES IN SEVERAL JOINTS	None None
	No interference with activity
	Some interference with activity
	Significant; prevents daily activity
NAUSEA/VOMITING	None 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 None
	No interference with activity
	Some interference with activity
	not requiring medical attention
	Prevents daily activity and requires medical attention
PRODUCTION RELEASE (v12.003	44 of 1563

Folder: Diary Dose 1 (1) Form: General_Day(1/2)

Did you receive any MEDICAL ATTENTION (doctor visit, other) for any illness or symptoms?	No Yes
PC Time stamp	29 JUL 2020 20:15
PC Open Date & Time	29 JUL 2020 14:12
PC Close Date & Time	30 JUL 2020 11:59

Folder: Diary Dose 1 (1)
Form: General_Day(2)

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 None
	No interference with activity
	Some interference with activity
	Significant; prevents daily
	activity
MUSCLE ACHES ALL OVER BODY	None 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 None
	No interference with activity
	Some interference with activity
	not requiring medical attention
	Prevents daily activity and
Did you receive any MEDICAL ATTENTION (doctor visit,	requires medical attention
other) for any illness or symptoms?	No
PRODUCTION RELEASE (v12.003	46 of 1563
EAB) (1725)	40 01 1303

Folder: Diary Dose 1 (1)
Form: General_Day(2)

	Yes
PC Time stamp	30 JUL 2020 15:20
PC Open Date & Time	30 JUL 2020 12:00
PC Close Date & Time	31 JUL 2020 11:59

Folder: Diary Dose 1 (1)
Form: General_Day(3)

TIMEPOINT	DAY 3
HEADACHE	None 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 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
CHILLS	outpatient IV hydration None
CHELS	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,	No
other) for any illness or symptoms?	
PRODUCTION RELEASE (v12.003	48 of 1563
EAB) (1725)	.0 01 1505

Folder: Diary Dose 1 (1)
Form: General_Day(3)

	Yes
PC Time stamp	31 JUL 2020 18:23
PC Open Date & Time	31 JUL 2020 12:00
PC Close Date & Time	01 AUG 2020 11:59

Folder: Diary Dose 1 (1)
Form: General_Day(4)

TIMEPOINT	DAY 4
HEADACHE	None 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
CHILLS	outpatient IV hydration None
CHIELS	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,	No
other) for any illness or symptoms?	
PRODUCTION RELEASE (v12.003	50 of 1563
EAB) (1725)	

Folder: Diary Dose 1 (1)
Form: General_Day(4)

	Yes
PC Time stamp	01 AUG 2020 12:30
PC Open Date & Time	01 AUG 2020 12:00
PC Close Date & Time	02 AUG 2020 11:59

Folder: Diary Dose 1 (1)
Form: General_Day(5)

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,	No No
other) for any illness or symptoms?	
PRODUCTION RELEASE (v12.003	52 of 1563
EAB) (1725)	32 01 1303

Folder: Diary Dose 1 (1)
Form: General_Day(5)

	Yes
PC Time stamp	02 AUG 2020 14:46
PC Open Date & Time	02 AUG 2020 12:00
PC Close Date & Time	03 AUG 2020 11:59

Folder: Diary Dose 1 (1)
Form: General_Day(6)

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 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,	No
other) for any illness or symptoms?	•
PRODUCTION RELEASE (v12.003	54 of 1563
EAB) (1725)	34 OI 1303

Folder: Diary Dose 1 (1)
Form: General_Day(6)

	Yes
PC Time stamp	03 AUG 2020 13:52
PC Open Date & Time	03 AUG 2020 12:00
PC Close Date & Time	04 AUG 2020 11:59

Folder: Diary Dose 1 (1)
Form: General_Day(7)

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 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
CHILLS	outpatient IV hydration None
CHIELS	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,	No
other) for any illness or symptoms?	
PRODUCTION RELEASE (v12.003	56 of 1563
EAB) (1725)	2 3 27 70 00

Folder: Diary Dose 1 (1)
Form: General_Day(7)

	Yes
PC Time stamp	04 AUG 2020 12:26
PC Open Date & Time	04 AUG 2020 12:00
PC Close Date & Time	05 AUG 2020 11:59

Folder: Safety Call Day 8 (1)

Form: Safety Call

Data signed: (b) (4) 23 Feb 2021 15:39:31

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	06 AUG 2020
Please select one status for the follow-up contact	Contact Made
	Contact Not Made
Comments	
If Contact Not Made, please provide Comments	

Folder: Safety Call Day 8 (1)

Form: Continuing

Data signed: (b) (4) 23 Feb 2021 15:39:31

Is the participant continuing to the next visit?	Yes
	No
Continuing Flag	1

Folder: Safety Call Day 15 (1)

Form: Safety Call

Data signed: (b) (4) 23 Feb 2021 15:39:21

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	12 AUG 2020
Please select one status for the follow-up contact	Contact Made
	Contact Not Made
Comments	
If Contact Not Made, please provide Comments	

Folder: Safety Call Day 15 (1)

Form: Continuing

Data signed: (b) (4) 23 Feb 2021 15:39:21

Is the participant continuing to the next visit?	Yes
	No
Continuing Flag	1

Folder: Safety Call Day 22 (1)

Form: Safety Call

Data signed: (b) (4) 23 Feb 2021 15:39:21

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	19 AUG 2020
Please select one status for the follow-up contact	Contact Made
	Contact Not Made
Comments	
If Contact Not Made, please provide Comments	

Folder: Safety Call Day 22 (1)

Form: Continuing

Data signed: (b) (4) 23 Feb 2021 15:39:21

Is the participant continuing to the next visit?	Yes
	No
Continuing Flag	1

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Data signed: (b) (4) 23 Feb 2021 15:39:32

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

Folder: Visit 2 Day 29 (1) Form: Vital Signs - Dosing (1)

Data signed: (b) (4) 23 Feb 2021 15:39:32

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	

Folder: Visit 2 Day 29 (1) Form: Vital Signs - Dosing (2)

Data signed: (b) (4) 23 Feb 2021 15:39:32

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	

Folder: Visit 2 Day 29 (1) Form: Physical Examination

Data signed: (b) (4) 23 Feb 2021 15:39:32

Generated On: 11 Aug 2021 21:56:25

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.

Folder: Visit 2 Day 29 (1)

Form: Exposure

Data signed: (b) (4) 23 Feb 2021 15:39:32

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?	

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Data signed: (b) (4) 23 Feb 2021 15:39:32

Was the sample collected?	Yes No
Collection date (dd MMM yyyy)	
Collection time (00:00-23:59)	
Collection date and time (derived)	

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab Data signed: (b) (4) 23 Feb 2021 15:39:32

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

Folder: Visit 2 Day 29 (1)

Form: Continuing

Data signed: (b) (4) 23 Feb 2021 15:39:32

Is the participant continuing to the next visit?	Yes
	No
Continuing Flag	1

Folder: Safety Call Day 36 (1)

Form: Safety Call

Data signed: (b) (4) 13 Apr 2021 22:10:24

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	

Folder: Safety Call Day 36 (1)

Form: Continuing

Data signed: (b) (4) 23 Feb 2021 15:39:21

Is the participant continuing to the next visit?	Yes
	No
Continuing Flag	1

Folder: Safety Call Day 43 (1)

Form: Safety Call

Data signed: (b) (4) 13 Apr 2021 22:10:24

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	

Folder: Safety Call Day 43 (1)

Form: Continuing

Data signed: (b) (4) 23 Feb 2021 15:39:21

Is the participant continuing to the next visit?	Yes
	No
Continuing Flag	1

Folder: Safety Call Day 50 (1)

Form: Safety Call

Data signed: (b) (4) 13 Apr 2021 22:10:24

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	

Folder: Safety Call Day 50 (1)

Form: Continuing

Data signed: (b) (4) 23 Feb 2021 15:39:31

Is the participant continuing to the next visit?	Yes
	No
Continuing Flag	1

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Data signed: (b) (4) 23 Feb 2021 15:39:32

Was this visit performed?	Yes
	No
Visit date (dd MMM yyyy)	28 SEP 2020
Was visit performed at the participant's home or at the clinic?	Home
	Clinic
Folder OID	VISIT3

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Data signed: (b) (4) 23 Feb 2021 15:39:32

Were vital signs assessed?	Yes
	No
Date of assessment (dd MMM yyyy)	28 SEP 2020
Time of assessment (00:00-23:59)	11:21 (24 HR)
Vital Signs Date and Time (derived)	28 SEP 2020 11:21
Temperature (xxx.x)	36.6 C
Route of measurement	Oral
	Axillary
	Other
If Other, specify	
Pulse (xxx)	61 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	13 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	127 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	71 mmHg
Diastolic Blood Pressure units	MMHG
Height (derived)	
Weight (derived)	

Folder: Visit 3 Day 57 (1) Form: Physical Examination

Data signed: (b) (4) 23 Feb 2021 15:39:32

Generated On: 11 Aug 2021 21:56:25

Was the physical examination performed?

Yes No

Date of examination (dd MMM yyyy)

28 SEP 2020

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

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Data signed: (b) (4) 23 Feb 2021 15:39:32

Was the sample collected?	Yes
	No
Collection date (dd MMM yyyy)	28 SEP 2020
Collection time (00:00-23:59)	11:45 (24 HR)
Collection date and time (derived)	28 SEP 2020 11:45

Folder: Visit 3 Day 57 (1)

Form: Continuing

Data signed: (b) (4) 23 Feb 2021 15:39:32

Is the participant continuing to the next visit?	Yes
	No
Continuing Flag	1

TIMEPOINT	DAY 64
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please identify below which symptoms you have experienced or are experience	cing (Check all that apply):
Date and time of submission	29 SEP 2020 14:06:30
Patient Cloud Open Date & Time	28 SEP 2020 00:01
Patient Cloud Close Date & Time	02 OCT 2020 23:59

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

TIMEPOINT	DAY 71
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call your study clinic.	message and will call the study clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No C
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	165
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	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 OCT 2020 00:01
Patient Cloud Close Date & Time	09 OCT 2020 23:59

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

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

PRODUCTION RELEASE (v12.003 EAB) (1725)

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	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 OCT 2020 00:01
Patient Cloud Close Date & Time	16 OCT 2020 23:59

TIMEPOINT	DAY 92
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please identify below which symptoms you have experienced or are experiencing	(Check all that apply):
Date and time of submission	28 OCT 2020 09:55:00
Patient Cloud Open Date & Time	26 OCT 2020 00:01
Patient Cloud Close Date & Time	30 OCT 2020 23:59

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

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	02 NOV 2020 00:01
Patient Cloud Close Date & Time	06 NOV 2020 23:59

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

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

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Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	09 NOV 2020 00:01
Patient Cloud Close Date & Time	13 NOV 2020 23:59

TIMEPOINT	DAY 113
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No Yes

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	16 NOV 2020 00:01
Patient Cloud Close Date & Time	20 NOV 2020 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT	DAY 117
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	
questionnaire or had contact with the study clinic?	Yes
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	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 NOV 2020 00:01
Patient Cloud Close Date & Time	24 NOV 2020 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

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TIMEPOINT	DAY 124
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	res
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	27 NOV 2020 00:01
Patient Cloud Close Date & Time	01 DEC 2020 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Generated On. 11 Mag 2021 21:50:25	
TIMEPOINT	DAY 131
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call	I confirm I have read this message and will call the study
your study clinic.	clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	04 DEC 2020 00:01
Patient Cloud Close Date & Time	08 DEC 2020 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT Have you had any changes in your health since the last time you	DAY 138
Have you had any changes in your health since the last time you	N ₋ C
	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are exp	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue _	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	11 DEC 2020 00:01
Patient Cloud Close Date & Time	15 DEC 2020 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT Have you had any changes in your health since the last time you	DAY 145
Have you had any changes in your health since the last time you	No
	1,0[]
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are exp	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	18 DEC 2020 00:01
Patient Cloud Close Date & Time	22 DEC 2020 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT	DAY 152
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	res
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	25 DEC 2020 00:01
Patient Cloud Close Date & Time	29 DEC 2020 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	DAY 159 No Yes
completed this questionnaire or had contact with the study clinic?	Yes
	N. O
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
·	essage and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are experie	encing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
	essage and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	01 JAN 2021 00:01
Patient Cloud Close Date & Time	05 JAN 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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 identify below which symptoms you have experienced or are experiencing	g (Check all that apply):
Date and time of submission	12 JAN 2021 15:57:55
Patient Cloud Open Date & Time	08 JAN 2021 00:01
Patient Cloud Close Date & Time	12 JAN 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

<u> </u>	
TIMEPOINT	DAY 173
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No O
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	res
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature ≥ 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	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	15 JAN 2021 00:01
Patient Cloud Close Date & Time	19 JAN 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

THE STREET	D 177 100
TIMEPOINT	DAY 180
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please identify below which symptoms you have experienced or are experiencing	g (Check all that apply):
Date and time of submission	25 JAN 2021 12:10:38
Patient Cloud Open Date & Time	22 JAN 2021 00:01
Patient Cloud Close Date & Time	26 JAN 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

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

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	29 JAN 2021 00:01
Patient Cloud Close Date & Time	02 FEB 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Generated On. 11 Mag 2021 21:50:25	
TIMEPOINT	DAY 194
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	05 FEB 2021 00:01
Patient Cloud Close Date & Time	09 FEB 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT	DAY 201
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	res
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	12 FEB 2021 00:01
Patient Cloud Close Date & Time	16 FEB 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 208
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please identify below which symptoms you have experienced or are experiencing	g (Check all that apply):
Date and time of submission	21 FEB 2021 12:01:13
Patient Cloud Open Date & Time	19 FEB 2021 00:01
Patient Cloud Close Date & Time	23 FEB 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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 identify below which symptoms you have experienced or are experience	cing (Check all that apply):
Date and time of submission	02 MAR 2021 12:00:40
Patient Cloud Open Date & Time	26 FEB 2021 00:01
Patient Cloud Close Date & Time	02 MAR 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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 identify below which symptoms you have experienced or are experience	ring (Check all that apply):
Date and time of submission	05 MAR 2021 07:29:18
Patient Cloud Open Date & Time	05 MAR 2021 00:01
Patient Cloud Close Date & Time	09 MAR 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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 identify below which symptoms you have experienced or are experiencing (Check all that apply):		
Date and time of submission	12 MAR 2021 08:29:03	
Patient Cloud Open Date & Time	12 MAR 2021 00:01	
Patient Cloud Close Date & Time	16 MAR 2021 23:59	

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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 identify below which symptoms you have experienced or are experience	cing (Check all that apply):
Date and time of submission	19 MAR 2021 07:55:21
Patient Cloud Open Date & Time	19 MAR 2021 00:01
Patient Cloud Close Date & Time	23 MAR 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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 identify below which symptoms you have experienced or are experiencing (Check all that apply):		
Date and time of submission	26 MAR 2021 08:22:35	
Patient Cloud Open Date & Time	26 MAR 2021 00:01	
Patient Cloud Close Date & Time	30 MAR 2021 23:59	

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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 identify below which symptoms you have experienced or are experience	ing (Check all that apply):
Date and time of submission	04 APR 2021 08:01:05
Patient Cloud Open Date & Time	02 APR 2021 00:01
Patient Cloud Close Date & Time	06 APR 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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 identify below which symptoms you have experienced or are experienced	ing (Check all that apply):
Date and time of submission	12 APR 2021 13:15:05
Patient Cloud Open Date & Time	09 APR 2021 00:01
Patient Cloud Close Date & Time	13 APR 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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 identify below which symptoms you have experienced or are experience	cing (Check all that apply):
Date and time of submission	16 APR 2021 01:51:32
Patient Cloud Open Date & Time	16 APR 2021 00:01
Patient Cloud Close Date & Time	20 APR 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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 identify below which symptoms you have experienced or are experience	ing (Check all that apply):
Date and time of submission	23 APR 2021 10:12:52
Patient Cloud Open Date & Time	23 APR 2021 00:01
Patient Cloud Close Date & Time	27 APR 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Generated On. 11 Mag 2021 21.50.25	
TIMEPOINT	DAY 278
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the	No
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$)	F
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	30 APR 2021 00:01
Patient Cloud Close Date & Time	04 MAY 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

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

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	07 MAY 2021 00:01
Patient Cloud Close Date & Time	11 MAY 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Generated On. 11 Mag 2021 21:50:25	
TIMEPOINT	DAY 292
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	14 MAY 2021 00:01
Patient Cloud Close Date & Time	18 MAY 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Generated On. 11 Mag 2021 21.50.25	
TIMEPOINT	DAY 299
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the	No
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$)	Francis (control me new nFL-2).
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	21 MAY 2021 00:01
Patient Cloud Close Date & Time	25 MAY 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT	DAY 306
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	
questionnaire or had contact with the study clinic?	Yes
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	28 MAY 2021 00:01
Patient Cloud Close Date & Time	01 JUN 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Generated On. 11 Mag 2021 21:50:25	
TIMEPOINT	DAY 313
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	04 JUN 2021 00:01
Patient Cloud Close Date & Time	08 JUN 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

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

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	11 JUN 2021 00:01
Patient Cloud Close Date & Time	15 JUN 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT	DAY 327
Have you had any changes in your health since the last time you	No C
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	18 JUN 2021 00:01
Patient Cloud Close Date & Time	22 JUN 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	DAY 334
	No
completed this questionnaire or had contact with the study clinic?	
r	Yes
Have you been exposed to someone with known SARS-CoV-2	No O
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	res
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	nessage and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are experienced	riencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
·	nessage and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	25 JUN 2021 00:01
Patient Cloud Close Date & Time	29 JUN 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

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

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	02 JUL 2021 00:01
Patient Cloud Close Date & Time	06 JUL 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Generated On. 11 Mag 2021 21:50:25	
TIMEPOINT	DAY 348
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	09 JUL 2021 00:01
Patient Cloud Close Date & Time	13 JUL 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT	DAY 355
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call your study clinic.	message and will call the study clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No C
the last time you completed this questionnaire or had contact with the	
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	speriencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	$^{\text{No}}\bigcirc$
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	16 JUL 2021 00:01
Patient Cloud Close Date & Time	20 JUL 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Generated On. 11 Aug 2021 21.30.23	
TIMEPOINT	DAY 362
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the	No
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	23 JUL 2021 00:01
Patient Cloud Close Date & Time	27 JUL 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Generated On. 11 Aug 2021 21.30.23	
TIMEPOINT	DAY 369
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the	No
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	30 JUL 2021 00:01
Patient Cloud Close Date & Time	03 AUG 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Generated On. 11 Aug 2021 21.30.23	
TIMEPOINT	DAY 376
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the	No
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	06 AUG 2021 00:01
Patient Cloud Close Date & Time	10 AUG 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT	DAY 383
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	xperiencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	13 AUG 2021 00:01
Patient Cloud Close Date & Time	17 AUG 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Generated On. 11 Mag 2021 21.50.25	
TIMEPOINT	DAY 390
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	energing (Chack all that apply):
	periencing (Check an that appry).
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	20 AUG 2021 00:01
Patient Cloud Close Date & Time	24 AUG 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

9	
TIMEPOINT	DAY 397
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	res
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	27 AUG 2021 00:01
Patient Cloud Close Date & Time	31 AUG 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

6	
TIMEPOINT	DAY 404
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	ies
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	03 SEP 2021 00:01
Patient Cloud Close Date & Time	07 SEP 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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 will call the study clinic message and will call the study clinic message and will call the study clinic immediately divided the study clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately.	MD (DDOD)/M	DAW 411
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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 taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and will call the study clinic? I confirm I have read this message and will call the study clinic? I confirm I have read this message and will call the study clinic? I confirm I have read this message and will call the study clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately. All the study clinic?	TIMEPOINT	DAY 411
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 100.4°F/38°C) Chills Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately I confirm I have read this message and will call the study clinic immediately No Completed this questionnaire or had contact with the study clinic?	· · · · · · · · · · · · · · · · · · ·	No
infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and understood that you must call your study clinic immediately. Click below to confirm that you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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 will call the study clinic? No I confirm I have read this message and will call the study clinic? I confirm I have read this message and will call the study clinic immediately No Completed this questionnaire or had contact with the study clinic?	completed this questionnaire or had contact with the study clinic?	Yes
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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 I confirm I have read this message and will call the study clinic immediately. No completed this questionnaire or had contact with the study clinic?	Have you been exposed to someone with known SARS-CoV-2	No
questionnaire or had contact with the study clinic? Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately. Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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. No I confirm I have read this message and will call the study clinic? No Completed this questionnaire or had contact with the study clinic?	infection or COVID-19 disease since the last time you completed this	Yes
that you have read this message and understood that you must call your study clinic. The study clinic immediately clinic imme	questionnaire or had contact with the study clinic?	
your study clinic. Clinic immediately Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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. No Yes No Yes No Yes No Yes I confirm I have read this message and will call the study clinic immediately No Completed this questionnaire or had contact with the study clinic?	Please contact your study clinic immediately. Click below to confirm	
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 100.4°F/38°C) Chills Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?		
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Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Fatigue	
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New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Body aches	
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Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	New loss of taste	
Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	New loss of smell	
Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Sore throat	
Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Congestion	
Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Runny nose	
Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Nausea	
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Vomiting	
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completed this questionnaire or had contact with the study clinic?	your study clinic.	clinic immediately
completed this questionnaire or had contact with the study clinic? Yes	Have you had to contact a healthcare provider since the last time you	No
	completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	10 SEP 2021 00:01
Patient Cloud Close Date & Time	14 SEP 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Generated On. 11 Mag 2021 21.50.25	
TIMEPOINT	DAY 418
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the	No
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$)	Francis (control months 1).
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea -	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	17 SEP 2021 00:01
Patient Cloud Close Date & Time	21 SEP 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

DAY 425
No
Yes
No
Yes
I confirm I have read this
essage and will call the study
clinic immediately
No
Yes
encing (Check all that apply):
I confirm I have read this
essage and will call the study $igcup$
clinic immediately
No

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	24 SEP 2021 00:01
Patient Cloud Close Date & Time	28 SEP 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Generated On. 11 Aug 2021 21.50.25	
TIMEPOINT	DAY 432
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	01 OCT 2021 00:01
Patient Cloud Close Date & Time	05 OCT 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

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

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	08 OCT 2021 00:01
Patient Cloud Close Date & Time	12 OCT 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Generated On: 11 Mag 2021 21:50:25	
TIMEPOINT	DAY 446
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	energing (Chack all that apply):
Fever (Temperature $\geq 100.4^{\circ}\text{F/38}^{\circ}\text{C}$)	periencing (Check an that appry).
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	15 OCT 2021 00:01
Patient Cloud Close Date & Time	19 OCT 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Generated On: 11 Aug 2021 21:56:25	
TIMEPOINT	DAY 453
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call your study clinic.	message and will call the study clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No O
the last time you completed this questionnaire or had contact with the	
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call	I confirm I have read this message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	22 OCT 2021 00:01
Patient Cloud Close Date & Time	26 OCT 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Generated On. 11 Mag 2021 21:50:25	
TIMEPOINT	DAY 460
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the	No
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$)	-
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	29 OCT 2021 00:01
Patient Cloud Close Date & Time	02 NOV 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT	DAY 467
Have you had any changes in your health since the last time you	No C
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are exper	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting _	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	05 NOV 2021 00:01
Patient Cloud Close Date & Time	09 NOV 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Generated On. 11 Aug 2021 21.50.25	
TIMEPOINT	DAY 474
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
·	

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	12 NOV 2021 00:01
Patient Cloud Close Date & Time	16 NOV 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

9	
TIMEPOINT	DAY 481
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	res
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature ≥ 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	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	19 NOV 2021 00:01
Patient Cloud Close Date & Time	23 NOV 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Generated On. 11 Mag 2021 21:50:25	
TIMEPOINT	DAY 488
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the	No
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$)	Francis (control me new nFL-2).
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	26 NOV 2021 00:01
Patient Cloud Close Date & Time	30 NOV 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Generated On. 11 Mag 2021 21.50.25	
TIMEPOINT	DAY 495
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the	No
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$)	Francis (control me new nFL-2).
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	03 DEC 2021 00:01
Patient Cloud Close Date & Time	07 DEC 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 100.4°F/38°C) Chills Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of state New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately. To confirm I have read this message and will call the study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No opposition immediately. No opposition immediately. Click below to confirm that you have read this message and will call the study clinic immediately. Click below to confirm that you for immediately. Click below to c		
tave you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic immediately. Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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. No Composition immediately clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	TIMEPOINT	DAY 502
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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 who have read this message and will call the study clinic immediately. No Order of the properties of the last time you completed this questionnaire or had contact with the study clinic?		No
infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 100.4°F/38°C) Chills Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of sate New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately discussed in message and will call the study clinic immediately clinic immediately. Click below to confirm that you have read this message and understood that you must call who have read this message and will call the study clinic immediately clinic immediately.	completed this questionnaire or had contact with the study clinic?	Yes
infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 100.4°F/38°C) Chills Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of sate New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately discussed in message and will call the study clinic immediately clinic immediately. Click below to confirm that you have read this message and understood that you must call who have read this message and will call the study clinic immediately clinic immediately.	Have you been exposed to someone with known SARS-CoV-2	No
questionnaire or had contact with the study clinic? Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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. No I confirm I have read this message and will call the study clinic immediately No Order of the study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately No Order of the study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately No Order of the study clinic immediately. Click below to confirm that you have read this guestionnaire or had contact with the study clinic?		
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Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No Or completed this questionnaire or had contact with the study clinic?	that you have read this message and understood that you must call	•
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study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No	• • •	No
study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No		Yes
Fever (Temperature ≥ 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. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No No No No No No No No No N	-	
Chills Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnairs or had contact with the study clinic? No	Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnairs or had contact with the study clinic? No		
Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Chills	
Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately clinic immediately. No completed this questionnaire or had contact with the study clinic?	Cough	
Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Shortness of breath	
Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Difficulty breathing	
Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Fatigue	
Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Muscle aches	
New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Body aches	
New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Headache	
Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	New loss of taste	
Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	New loss of smell	
Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Sore throat	
Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Congestion	
Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Runny nose	
Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Nausea	
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Vomiting	
that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Diarrhea	
your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?		I confirm I have read this
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?		•
completed this questionnaire or had contact with the study clinic?		clinic immediately
completed this questionnaire or had contact with the study clinic? Yes		No
	completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	10 DEC 2021 00:01
Patient Cloud Close Date & Time	14 DEC 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 100.4°F/38°C) Chills Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of state New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately. To confirm I have read this message and will call the study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No opposition immediately. No opposi		
tave you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic immediately. Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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. No Composition immediately clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	TIMEPOINT	DAY 509
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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 who have read this message and will call the study clinic immediately. No Order of the properties of the last time you completed this questionnaire or had contact with the study clinic?		No
infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 100.4°F/38°C) Chills Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of sate New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately discussed in message and will call the study clinic immediately clinic immediately. Click below to confirm that you have read this message and understood that you must call who have read this message and will call the study clinic immediately clinic immediately.	completed this questionnaire or had contact with the study clinic?	Yes
infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 100.4°F/38°C) Chills Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of sate New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately discussed in message and will call the study clinic immediately clinic immediately. Click below to confirm that you have read this message and understood that you must call who have read this message and will call the study clinic immediately clinic immediately.	Have you been exposed to someone with known SARS-CoV-2	No
questionnaire or had contact with the study clinic? Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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 will call the study clinic immediately message and will call the study clinic immediately clinic immediately. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?		
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Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No Or completed this questionnaire or had contact with the study clinic?	· · · · · · · · · · · · · · · · · · ·	•
the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No Operation I confirm I have read this message and will call the study clinic immediately. No Operations No Operat	your study clinic.	clinic immediately
study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No	• • •	No
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Fever (Temperature ≥ 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. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No No No No No No No No No N		
Chills Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnairs or had contact with the study clinic? No		periencing (Check all that apply):
Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnairs or had contact with the study clinic? No		
Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Chills	
Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately clinic immediately. No completed this questionnaire or had contact with the study clinic?	Cough	
Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Shortness of breath	
Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Difficulty breathing	
Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Fatigue	
Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Muscle aches	
New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Body aches	
New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Headache	
Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	New loss of taste	
Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	New loss of smell	
Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Sore throat	
Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Congestion	
Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Runny nose	
Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Nausea	
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Vomiting	
that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Diarrhea	
that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?		
completed this questionnaire or had contact with the study clinic?		clinic immediately
completed this questionnaire or had contact with the study clinic? Yes		No
	completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	chine ininicalately
Patient Cloud Open Date & Time	17 DEC 2021 00:01
Patient Cloud Close Date & Time	21 DEC 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

6	
TIMEPOINT	DAY 516
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	res
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	24 DEC 2021 00:01
Patient Cloud Close Date & Time	28 DEC 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Generated On. 11 Aug 2021 21.50.25	
TIMEPOINT	DAY 523
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	31 DEC 2021 00:01
Patient Cloud Close Date & Time	04 JAN 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Generated On. 11 Mag 2021 21:50:25	
TIMEPOINT	DAY 530
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	07 JAN 2022 00:01
Patient Cloud Close Date & Time	11 JAN 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Generated On. 11 Mag 2021 21:50:25	
TIMEPOINT	DAY 537
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	14 JAN 2022 00:01
Patient Cloud Close Date & Time	18 JAN 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Generated On. 11 Mag 2021 21:50:25	
TIMEPOINT	DAY 544
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the	No
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	Francis (control me new nFF-2).
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	21 JAN 2022 00:01
Patient Cloud Close Date & Time	25 JAN 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Generated On. 11 Mag 2021 21:50:25	
TIMEPOINT	DAY 551
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	28 JAN 2022 00:01
Patient Cloud Close Date & Time	01 FEB 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT	DAY 558
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	04 FEB 2022 00:01
Patient Cloud Close Date & Time	08 FEB 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT	DAY 565
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	ies
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
	165

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	11 FEB 2022 00:01
Patient Cloud Close Date & Time	15 FEB 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 100.4°F/38°C) Chills Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of state New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately. To confirm I have read this message and will call the study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No ormeled this questionnaire or had contact with the study clinic? No ormeled this questionnaire or had contact with the study clinic? No ormeled this questionnaire or had contact with the study clinic?		
tave you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic immediately. Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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. No Composition immediately clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	TIMEPOINT	DAY 572
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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 who have read this message and will call the study clinic immediately. No Order of the properties of the last time you completed this questionnaire or had contact with the study clinic?		No
infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 100.4°F/38°C) Chills Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of sate New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately discussed in message and will call the study clinic immediately clinic immediately. Click below to confirm that you have read this message and understood that you must call who have read this message and will call the study clinic immediately clinic immediately.	completed this questionnaire or had contact with the study clinic?	Yes
infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 100.4°F/38°C) Chills Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of sate New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately discussed in message and will call the study clinic immediately clinic immediately. Click below to confirm that you have read this message and understood that you must call who have read this message and will call the study clinic immediately clinic immediately.	Have you been exposed to someone with known SARS-CoV-2	No
questionnaire or had contact with the study clinic? Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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 will call the study clinic immediately message and will call the study clinic immediately clinic immediately. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?		
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Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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. No No No No I confirm I have read this message and will call the study clinic immediately Have you had to contact a healthcare provider since the last time you completed this questionnairs or had contact with the study clinic?	Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No Or completed this questionnaire or had contact with the study clinic?	· · · · · · · · · · · · · · · · · · ·	•
the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No Operation I confirm I have read this message and will call the study clinic immediately. No Operations No Operat	your study clinic.	clinic immediately
study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No	• • •	No
Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?		Yes
Fever (Temperature ≥ 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. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No No No No No No No No No N	-	
Chills Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnairs or had contact with the study clinic? No		periencing (Check all that apply):
Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnairs or had contact with the study clinic? No		
Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Chills	
Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately clinic immediately. No completed this questionnaire or had contact with the study clinic?	Cough	
Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Shortness of breath	
Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Difficulty breathing	
Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Fatigue	
Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Muscle aches	
New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Body aches	
New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Headache	
Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	New loss of taste	
Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	New loss of smell	
Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Sore throat	
Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Congestion	
Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Runny nose	
Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Nausea	
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Vomiting	
that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Diarrhea	
that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?		
completed this questionnaire or had contact with the study clinic?		clinic immediately
completed this questionnaire or had contact with the study clinic? Yes		No
	completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	18 FEB 2022 00:01
Patient Cloud Close Date & Time	22 FEB 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Generated On. 11 Mag 2021 21:50:25	
TIMEPOINT	DAY 579
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the	No
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$)	F
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	25 FEB 2022 00:01
Patient Cloud Close Date & Time	01 MAR 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT	DAY 586
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are exper	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue _	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	04 MAR 2022 00:01
Patient Cloud Close Date & Time	08 MAR 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Generated On. 11 Mag 2021 21:50:25	
TIMEPOINT	DAY 593
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	11 MAR 2022 00:01
Patient Cloud Close Date & Time	15 MAR 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT	DAY 600
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	$^{\text{No}}\bigcirc$
the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	reprincing (Check all that apply):
	periencing (Check an that appry).
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	18 MAR 2022 00:01
Patient Cloud Close Date & Time	22 MAR 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT	DAY 607
Have you had any changes in your health since the last time you	No No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No O
infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are exp	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$)	
Chills	
Cough _	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	25 MAR 2022 00:01
Patient Cloud Close Date & Time	29 MAR 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT	DAY 614
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	01 APR 2022 00:01
Patient Cloud Close Date & Time	05 APR 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

No Yes No Yes
No O
Yes
()
I confirm I have read this
message and will call the study
clinic immediately
No
Yes
periencing (Check all that apply):
11 7/
I confirm I have read this
message and will call the study
clinic immediately
No
Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	08 APR 2022 00:01
Patient Cloud Close Date & Time	12 APR 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT	DAY 628
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	15 APR 2022 00:01
Patient Cloud Close Date & Time	19 APR 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT	DAY 635
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	
questionnaire or had contact with the study clinic?	Yes
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	22 APR 2022 00:01
Patient Cloud Close Date & Time	26 APR 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Generated On. 11 Mag 2021 21.50.25	
TIMEPOINT	DAY 642
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the	No
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$)	Francis (control me new nFL-2).
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	29 APR 2022 00:01
Patient Cloud Close Date & Time	03 MAY 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Generated On: 11 Mag 2021 21.50.25	
TIMEPOINT	DAY 649
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the	No
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$)	Francis (control me me PF-2)
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	06 MAY 2022 00:01
Patient Cloud Close Date & Time	10 MAY 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

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

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	13 MAY 2022 00:01
Patient Cloud Close Date & Time	17 MAY 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic? Please contact your study clinic immediately one supplementation of the last time you completed this questionnaire or had contact with the study your study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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 taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately No or		
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 100.4°F/38°C) Chills Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately. Click below to confirm the study clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately. No completed this questionnaire or had contact this the study clinic?	TIMEPOINT	DAY 663
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 100.4°F/38°C) Chills Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. No I confirm I have read this message and understood that you must call with the study clinic?		No
infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately your study clinic. Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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. No I confirm I have read this message and will call the study clinic? I confirm I have read this message and will call the study clinic immediately No Composition I confirm I have read this message and will call the study clinic immediately. No Composition I confirm I have read this message and will call the study clinic immediately. No Composition I confirm I have read this message and will call the study clinic immediately.	completed this questionnaire or had contact with the study clinic?	Yes
questionnaire or had contact with the study clinic? Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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 will call the study clinic? I confirm I have read this message and will call the study clinic? I confirm I have read this message and will call the study clinic? I confirm I have read this message and will call the study clinic?	•	No
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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 will call the study clinic. I confirm I have read this message and will call the study clinic? I confirm I have read this message and will call the study clinic immediately. I confirm I have read this message and will call the study clinic immediately. No provided this questionnaire or had contact with the study clinic?	•	Yes
that you have read this message and understood that you must call your study clinic. Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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. No completed this questionnairs or had contact with the study clinic?	<u> </u>	
your study clinic. Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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 questionnairs or had contact with the study clinic?		
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 100.4°F/38°C) Chills Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately Have you had to contact a healthcare provider since the last time you completed this questionnairs or had contact with the study clinic?		•
the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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?	<u>- </u>	<u>, </u>
study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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		No
Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No	· · ·	Yes
Fever (Temperature ≥ 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 your study clinic. No Open Service of the study clinic? No Open Service of the study clinic?		Charle all that and a
Chills Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately Rave you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?		periencing (Check all that apply):
Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?		
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Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Shortness of breath	
Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Difficulty breathing	
Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Fatigue	
Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Muscle aches	
New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Body aches	
New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Headache	
Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	New loss of taste	
Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	New loss of smell	
Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Sore throat	
Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Congestion	
Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Runny nose	
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Nausea	
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Vomiting	
that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Diarrhea	
your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?		I confirm I have read this
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?		
completed this questionnaire or had contact with the study clinic?	your study clinic.	clinic immediately
completed this questionnaire or had contact with the study clinic? Yes		No No
	completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	20 MAY 2022 00:01
Patient Cloud Close Date & Time	24 MAY 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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. Click below to confirm that you have read this message and will call the study clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately. Clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately. Clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately. Clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately. Clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately. Clinic immediately. Click below to confirm that you have read this message and wil	——————————————————————————————————————	
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic: Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic? Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic? I confirm I have read this message and will call the study clinic immediately. Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 100.4°F/38°C) Chills Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately. Please on the study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	TIMEPOINT	DAY 670
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 100.4°F/38°C) Chills Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of sate New loss of sate New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. No I confirm I have read this message and will call the study clinic?		No
infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately. Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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 will call the study clinic? I confirm I have read this message and will call the study clinic? No Clinic immediately No Clinic immediately I confirm I have read this message and will call the study clinic immediately No Clinic immediately No Clinic immediately No Clinic immediately No Clinic immediately	completed this questionnaire or had contact with the study clinic?	Yes
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the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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?	<u> </u>	<u>, </u>
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Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Shortness of breath	
Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Difficulty breathing	
Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Fatigue	
Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Muscle aches	
New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Body aches	
New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Headache	
Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	New loss of taste	
Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	New loss of smell	
Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Sore throat	
Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Congestion	
Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Runny nose	
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Nausea	
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Vomiting	
that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Diarrhea	
your study clinic. clinic immediately Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?		
completed this questionnaire or had contact with the study clinic?	your study clinic.	clinic immediately
completed this questionnaire or had contact with the study clinic? Yes		No
	completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	27 MAY 2022 00:01
Patient Cloud Close Date & Time	31 MAY 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

DAY 677
No
Yes
No
Yes
I confirm I have read this
ge and will call the study
clinic immediately
No
Yes
ing (Check all that apply):
I confirm I have read this
ge and will call the study
clinic immediately
No

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	03 JUN 2022 00:01
Patient Cloud Close Date & Time	07 JUN 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Generated On: 11 Mag 2021 21:50:25	
TIMEPOINT	DAY 684
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	enorionaina (Chack all that apply):
Fever (Temperature $\geq 100.4^{\circ}\text{F/38}^{\circ}\text{C}$)	periencing (Check an that appry).
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	10 JUN 2022 00:01
Patient Cloud Close Date & Time	14 JUN 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

9	
TIMEPOINT	DAY 691
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	ies
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	17 JUN 2022 00:01
Patient Cloud Close Date & Time	21 JUN 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT	DAY 698
	No O
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	
	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call your study clinic.	message and will call the study clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No O
the last time you completed this questionnaire or had contact with the	\cup
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$)	-
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	24 JUN 2022 00:01
Patient Cloud Close Date & Time	28 JUN 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

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PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	01 JUL 2022 00:01
Patient Cloud Close Date & Time	05 JUL 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and understood that you must call your study clinic immediately. I confirm I have read this message and will call the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 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 will call the study clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately. Click below to confirm that you have read this message and will call the study message and will call the study clinic immediately. Click below to confirm that you have read this message and will call the study message messa	TIMEPOINT	DAY 712
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Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call I confirm I have read this message and will call the study	New loss of taste	
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Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call message and will call the study	Congestion	
Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call message and will call the study	Runny nose	
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<u> </u>	your study clinic.	clinic immediately
	Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	08 JUL 2022 00:01
Patient Cloud Close Date & Time	12 JUL 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Generated On: 11 Mag 2021 21:50:25	
TIMEPOINT	DAY 719
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the study clinic?	Yes
	enomianaina (Chaola all that apply)
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature ≥ 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	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	15 JUL 2022 00:01
Patient Cloud Close Date & Time	19 JUL 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT	DAY 726
Have you had any changes in your health since the last time you	No No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call your study clinic.	message and will call the study clinic immediately
Have you experienced any new COVID-19 disease symptoms since	<u>.</u> _
the last time you completed this questionnaire or had contact with the	N_0
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	22 JUL 2022 00:01
Patient Cloud Close Date & Time	26 JUL 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Generated On. 11 Mag 2021 21.50.25	
TIMEPOINT	DAY 733
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the	No
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$)	Francis (control me new nFL-2).
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	29 JUL 2022 00:01
Patient Cloud Close Date & Time	02 AUG 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

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

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	05 AUG 2022 00:01
Patient Cloud Close Date & Time	09 AUG 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT	DAY 747
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	
questionnaire or had contact with the study clinic?	Yes
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	12 AUG 2022 00:01
Patient Cloud Close Date & Time	16 AUG 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

9	
TIMEPOINT	DAY 754
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	res
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	19 AUG 2022 00:01
Patient Cloud Close Date & Time	23 AUG 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Generated On. 11 Mag 2021 21:50:25	
TIMEPOINT	DAY 761
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	26 AUG 2022 00:01
Patient Cloud Close Date & Time	30 AUG 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Generated On: 11 Aug 2021 21:50:25	
TIMEPOINT	DAY 768
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	02 SEP 2022 00:01
Patient Cloud Close Date & Time	06 SEP 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

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

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	09 SEP 2022 00:01
Patient Cloud Close Date & Time	13 SEP 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Generated On. 11 Mag 2021 21:50:25	
TIMEPOINT	DAY 782
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the	No
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	16 SEP 2022 00:01
Patient Cloud Close Date & Time	20 SEP 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT	DAY 789
Have you had any changes in your health since the last time you	No C
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	23 SEP 2022 00:01
Patient Cloud Close Date & Time	27 SEP 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT	DAY 796
Have you had any changes in your health since the last time you	No C
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are exper	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	30 SEP 2022 00:01
Patient Cloud Close Date & Time	04 OCT 2022 23:59

Folder: Cosmetic Injections and Dermal Fillers Form: Cosmetic Injection_ Dermal Filler eDiary

Have you ever received facial cosmetic injections, such as Juvederm, Voluma, Radiesse, Restylane, Botox or other?	Have you ever received a dermal filler, such as Juvederm, Voluma, Radiesse, Restylane, or Botox or other for a medical indication such a migraine headache?	Date & Time of Submission
Yes	No	02 MAR 2021 12:01:06

Folder: Safety Call Day 85 (1)

Form: Safety Call

Data signed: (b) (4) 23 Feb 2021 15:39:31

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	20 OCT 2020
Please select one status for the follow-up contact	Contact Made
	Contact Not Made
Comments	
If Contact Not Made, please provide Comments	

Folder: Safety Call Day 85 (1)

Form: Continuing

Data signed: (b) (4) 23 Feb 2021 15:39:31

Is the participant continuing to the next visit?	Yes
	No
Continuing Flag	1

Folder: Safety Call Day 119 (1)

Form: Safety Call

Data signed: (b) (4) 23 Feb 2021 15:39:21

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	19 NOV 2020
Please select one status for the follow-up contact	Contact Made
	Contact Not Made
Comments	
If Contact Not Made, please provide Comments	

Folder: Safety Call Day 119 (1)

Form: Continuing

Data signed: (b) (4) 23 Feb 2021 15:39:21

Is the participant continuing to the next visit?	Yes
	No
Continuing Flag	1

Folder: Safety Call Day 149 (1)

Form: Safety Call

Data signed: (b) (4) 23 Feb 2021 15:39:21

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	22 DEC 2020
Please select one status for the follow-up contact	Contact Made
	Contact Not Made
Comments	
If Contact Not Made, please provide Comments	

Folder: Safety Call Day 149 (1)

Form: Continuing

Data signed: (b) (4) 23 Feb 2021 15:39:21

Is the participant continuing to the next visit?	Yes
	No
Continuing Flag	1

Folder: Safety Call Day 179 (1)

Form: Safety Call

Data signed: (b) (4) 25 Mar 2021 22:59:32

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	

Folder: Safety Call Day 179 (1)

Form: Continuing

Data signed: (b) (4) 25 Mar 2021 22:59:32

Is the participant continuing to the next visit?	Yes
	No
Continuing Flag	1

Folder: Visit 4 Day 209 (1)

Form: Visit Date

Was this visit performed?	Yes
	100
Visit date (dd MMM yyyy)	
Was visit performed at the participant's home or at the clinic?	Home Clinic
Folder OID	

Folder: Visit 4 Day 209 (1)

Form: Vital Signs

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	
Height (derived)	
Weight (derived)	

Folder: Visit 4 Day 209 (1) Form: Physical Examination

Generated On: 11 Aug 2021 21:56:25

Generated On: 11 Mag 2021 21:50:25	
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.

Folder: Visit 4 Day 209 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 21:56:25

Was the sample collected?	Yes No
Collection date (dd MMM yyyy)	
Collection time (00:00-23:59)	
Collection date and time (derived)	

Folder: Visit 4 Day 209 (1)

Form: Continuing

Is the participant continuing to the next visit?	Yes
	No
Continuing Flag	

Folder: Covid-19 Assessment (1) Form: COVID-19 Contact

Clinic Visit - Scheduled
Clinical Visit - Unscheduled
Safety Call
Convalescent Tele-visit
Yes
No

Folder: Covid-19 Assessment (1)

Form: Generate Next COVID-19 Assessment

Generate Next COVID-19 Assessment	Yes
	No

Folder: Participant Decision Visit / OL-D1 (1)

Form: Visit Date

Data signed: (b) (4) 23 Feb 2021 15:39:20

Was this visit performed?	Yes
	No
Visit date (dd MMM yyyy)	01 FEB 2021
Was visit performed at the participant's home or at the clinic?	Home
	Clinic
Folder OID	UNBLND_DECIDE

Folder: Participant Decision Visit / OL-D1 (1)

Form: Unblinding

Data signed: (b) (4) 13 Apr 2021 22:10:24

Date of updated informed consent (dd MMM yyyy)	01 FEB 2021
N/A - Subject Unblinded under Amendment 5 and Discontinued from Study	False
Was the participant unblinded?	Yes
	No
Under what version of the Protocol was the Participant unblinded?	Amendment 5
	Amendment 6 or later
Date of unblinding (dd MMM yyyy)	01 FEB 2021
Participant randomization assignment	mRNA-1273
	Placebo
Actual Dose 1	mRNA-1273
	Placebo
	Not Administered
Actual Dose 2	mRNA-1273
	Placebo
	Not Administered
Will participant receive mRNA-1273?	Yes
	No
Placebo Only Flag	<u>_</u>
Continuing with mRNA-1273	1

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing

Data signed: (b) (4) 23 Feb 2021 15:39:20

Height	ND - Not Done
Weight	ND - Not Done
BMI (xxx.x)	

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing (1)

Data signed: (b) (4) 23 Feb 2021 15:39:20

Weight BMI (xxx.x) Timepoint Were vital signs assessed? Date of assessment (dd MMM yyyy) Time of assessment (00:00-23:59)	Pre-Dose Post-Dose Yes No 01 FEB 2021 11:22 (24 HR)
Timepoint Were vital signs assessed? Date of assessment (dd MMM yyyy)	Post-Dose Yes No 01 FEB 2021
Were vital signs assessed? Date of assessment (dd MMM yyyy)	Post-Dose Yes No 01 FEB 2021
Date of assessment (dd MMM yyyy)	Yes No O1 FEB 2021
Date of assessment (dd MMM yyyy)	No
	01 FEB 2021
Time of assessment (00:00-23:59)	11.22 (24 UD)
	11.22 (24 IIK)
Vital Signs Date and Time (derived)	01 FEB 2021 11:22
Temperature (xxx.x)	36.6 C
Route of measurement	Oral
	Axillary
	Other
If Other, specify	
Pulse (xxx)	58 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	127 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	87 mmHg
Diastolic Blood Pressure units	

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing (2)

Data signed: (b) (4) 23 Feb 2021 15:39:20

Height	ND - Not Done
Weight	ND - Not Done
BMI (xxx.x)	
Timepoint	Pre-Dose
	Post-Dose
Were vital signs assessed?	Yes
	No
Date of assessment (dd MMM yyyy)	01 FEB 2021
Time of assessment (00:00-23:59)	13:02 (24 HR)
Vital Signs Date and Time (derived)	01 FEB 2021 13:02
Temperature (xxx.x)	36.6 C
Route of measurement	Oral
	Axillary
	Other
If Other, specify	
Pulse (xxx)	64 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	18 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	138 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	84 mmHg

Folder: Participant Decision Visit / OL-D1 (1)

Form: Physical Examination

Data signed: (b) (4) 23 Feb 2021 15:39:20

Generated On: 11 Aug 2021 21:56:25

Was the physical examination performed?



Date of examination (dd MMM yyyy)

01 FEB 2021

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

Folder: Participant Decision Visit / OL-D1 (1)

Form: Exposure

Data signed: (b) (4) 23 Feb 2021 15:39:20

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? (Unblinded)	MRNA-1273
What was the treatment date? (dd MMM yyyy)	01 FEB 2021
What was the treatment time? (00:00-23:59)	12:32 (24 HR)
Treatment Date and Time (derived)	01 FEB 2021 12:32
Which arm was used to give treatment?	Left Arm
	Right Arm
What was the frequency of the study treatment dosing?	ONCE
What was the route of administration for the study treatment?	INTRAMUSCULAR

Folder: Participant Decision Visit / OL-D1 (1)

Form: Immunogenicity Assessment

Data signed: (b) (4) 23 Feb 2021 15:39:20

Was the sample collected?	Yes
	No
Collection date (dd MMM yyyy)	01 FEB 2021
Collection time (00:00-23:59)	10:53 (24 HR)
Collection date and time (derived)	01 FEB 2021 10:53

Folder: Participant Decision Visit / OL-D1 (1)

Form: Central Laboratory - Nasopharyngeal Swab (Single)

Data signed: (b) (4) 23 Feb 2021 15:39:20

Was the sample collected?	Yes
	No
Collection date (dd MMM yyyy)	01 FEB 2021
Collection time (00:00 - 23:59)	11:01
Collection Date and Time (derived)	01 FEB 2021 11:01

Folder: Participant Decision Visit / OL-D1 (1)

Form: Continuing

Data signed: (b) (4) 23 Feb 2021 15:39:20

Is the participant continuing to the next visit?	Yes
	No
Continuing Flag	1

Folder: Safety Call OL-D8 (1)

Form: Safety Call

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	

Folder: Safety Call OL-D8 (1)

Form: Continuing

Is the participant continuing to the next visit?	Yes
	No
Continuing Flag	

Folder: Adverse Events

Form: Adverse Events Summary

Data signed: (b) (4) 23 Feb 2021 15:39:20

Generated On: 11 Aug 2021 21:56:25

Did the participant experience any adverse events?

Yes

No

If Yes, enter details on the Adverse Events form.

EAB) (1725)

Folder: Adverse Events Form: Adverse Events (1)

Data signed: (b) (4) 23 Feb 2021 15:39:20

AEID	
Adverse event	ORTHOSTATIC HYOTENSION
Was this a medically-attended AE?	Yes
	No
Was this a Solicited Adverse Reaction?	Yes
	No
Is this event a confirmed diagnosis of Symptomatic Covid-19?	Yes
	No
Start date (dd MMM yyyy)	14 SEP 2020
Start time (00:00-23:59)	
AE start date and time (derived)	
Ongoing?	Yes
	No
If not Ongoing, end date (dd MMM yyyy)	
End time (00:00-23:59)	
AE End Date and Time (derived)	
Severity	Grade 1/Mild
	Grade 2/Moderate
	Grade 3/Severe
	Grade 4
Is the adverse event serious?	Yes
	No
AE is serious due To (check all that apply)	
Death	False
Life threatening	False
Requires inpatient or prolongation of existing Hospitalization	False
Hospital Admission Date (dd MMM yyyy)	
Hospital Discharge Date (dd MMM yyyy)	
Admitted to ICU?	Yes
	No
	Unknown
Number of Days in ICU	
PRODUCTION RELEASE (v12.003	308 of 1563

Folder: Adverse Events Form: Adverse Events (1)

Data signed: (b) (4) 23 Feb 2021 15:39:20

Persistent or significant disability or incapacity	False
Congenital anomaly or birth defect	False
Other medically important event	False
Relationship to investigational product	Not Related
	Related
	Not Applicable
Relationship to Study Procedure	Not Related
	Related
	Not Applicable
Action taken with investigational product	None
	Dose Delayed
	Investigational Product Withdrawn
	Not Applicable
Other action taken (check all that apply)	
None	True
Concomitant Medication	False
Concomitant Procedure	False
Outcome	Fatal
	Not Recovered/Not Resolved
	Recovered/Resolved
	Recovered/Resolved with
	Sequelae
	Recovering/Resolving
	Unknown
If outcome is Recovered/Resolved with Sequelae, please specify the sequelae:	
Narrative	
Serious Adverse Event Derived (CSA Programming Field Ony)	0
Medically Attended AE Derived (CSA Programming Field Only)	1
Admitted to ICU Derived (CSA Programming Field Only)	

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination Summary

Data signed: (b) (4) 23 Feb 2021 15:39:20

Generated On: 11 Aug 2021 21:56:25

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

Yes

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

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (1)

Data signed: (b) (4) 23 Feb 2021 15:39:20

Name of Medication	ESTRADOIL PATCH
Prophylaxis	Yes
	No
Indication	POST MENOPAUSAL
Dose per administration	0.0375
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
PRODUCTION RELEASE (v12.003	311 of 1563
EAB) (1725)	

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (1)

Data signed: (b) (4) 23 Feb 2021 15:39:20

	Intramuscular
	Respiratory (Inhalation)
	Intralesional
	Intraperiteoneal
	Nasal
	Vaginal
	Rectal
	Intravenous
	Intravenous Bolus
	Intravenous Drip
	Other
If route of administration is Other, specify	
Start date (dd MMM yyyy)	UN UNK 2019
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

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (2)

Data signed: (b) (4) 23 Feb 2021 15:39:20

Name of Medication	PROGESTERONE
Prophylaxis	Yes
	No
Indication	POST MENOPAUSAL
Dose per administration	90
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
PRODUCTION RELEASE (v12.003	313 of 1563
EAB) (1725)	

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (2)

Data signed: (b) (4) 23 Feb 2021 15:39:20

	Intramuscular
	Respiratory (Inhalation)
	Intralesional
	Intraperiteoneal
	Nasal
	Vaginal
	Rectal
	Intravenous
	Intravenous Bolus
	Intravenous Drip
	Other
If route of administration is Other, specify	
Start date (dd MMM yyyy)	UN UNK 2019
Start date completely unknown	False
Ongoing?	Yes
	No
If not Ongoing, End date (dd MMM yyyy)	<u></u>
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

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (3)

Data signed: (b) (4) 23 Feb 2021 15:39:20

Name of Medication	TESTOSTERONE
Prophylaxis	Yes
	No
Indication	POST MENOPAUSAL
Dose per administration	.75
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
PRODUCTION RELEASE (v12.003	315 of 1563
EAB) (1725)	

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (3)

Data signed: (b) (4) 23 Feb 2021 15:39:20

	Intramuscular
	Respiratory (Inhalation)
	Intralesional
	Intraperiteoneal
	Nasal
	Vaginal
	Rectal
	Intravenous
	Intravenous Bolus
	Intravenous Drip
	Other
If route of administration is Other, specify	
Start date (dd MMM yyyy)	UN UNK 2019
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

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (4)

Data signed: (b) (4) 23 Feb 2021 15:39:20

Name of Medication	TETNUS/REDUCED DIPHTHERIA
	TOXOIDS AND ACELLULAR
	PERTUSSIS VACCINE
Prophylaxis	Yes
	No
Indication	PROPHYLAXIS
Dose per administration	0.5
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
PRODUCTION RELEASE (v12.003	
EAB) (1725)	317 of 1563

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (4)

Data signed: (b) (4) 23 Feb 2021 15:39:20

	Intraocular
	Intramuscular
	Respiratory (Inhalation)
	Intralesional
	Intraperiteoneal
	Nasal
	Vaginal
	Rectal
	Intravenous
	Intravenous Bolus
	Intravenous Drip
	Other
If route of administration is Other, specify	
Start date (dd MMM yyyy)	24 AUG 2020
Start date completely unknown	False
Ongoing?	Yes
	No
If not Ongoing, End date (dd MMM yyyy)	24 AUG 2020
Was this medication taken for solicited event?	Yes
	No
Separate Dosage Number (derived)	
Interval Dosage Unit Number (derived)	
Interval Dosage Definition (derived)	802
	803
	804
	\cup

Folder: Concomitant Procedures (1)
Form: Concomitant Procedures Summary
Data signed: (b) (4) 23 Feb 2021 15:39:20

Were any concomitant procedures performed?	Yes
If yes, please complete Concomitant Procedures form.	No

Folder: End of Study (1)
Form: Dosing Discontinuation

Data signed: (b) (4) 05 Mar 2021 22:53:51

Date of dosing discontinuation (dd MMM yyyy)	28 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	AE#
by participant, Protocol deviation, or Other, specify	

Folder: End of Study (1)

 $Form: End\ of\ Study\ /\ Study\ Discontinuation$

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

US3022021 (Prod: Meridian Clinical Research-Savannah)

Form: Participant Creation

Generated On: 11 Aug 2021 21:56:25

Participant ID

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered 'US3022021'	(b) (4) RWS_ENDPOINT	27 Jul 2020 17:54:31
	ENDPOINT (b) (4)	
	(b) (4)	

Folder: Screening Form: Visit Date

Generated On: 11 Aug 2021 21:56:25

Was this visit performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:00:28

Folder: Screening Form: Visit Date

Generated On: 11 Aug 2021 21:56:25

Visit date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User closed query 'Visit date is prior to the Date of informed consent. Please review and provide any needed correction.' (Site from System).	System	24 Aug 2020 21:29:48
User entered '29 Jul 2020' reason for change: Data Entry Error	Stella Yoon (b) (4) (b) (4)	24 Aug 2020 21:29:48
User opened query 'Visit date is prior to the Date of informed consent. Please review and provide any needed correction.' (Site from System).	System	29 Jul 2020 15:01:24
User entered '27 JUL 2020'	RWS_ENDPOINT ENDPOINT (b) (4) (b) (4)	27 Jul 2020 17:54:32

Folder: Screening Form: Visit Date

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:32
User entered 'Clinic (Clinic)'	(b) (4) Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:00:28

Folder: Screening Form: Visit Date

Generated On: 11 Aug 2021 21:56:25

Folder OID

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User entered 'SCRN'	System	29 Jul 2020 15:00:28

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 21:56:25

Date of Birth (MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '(b) (6) 1955'	RWS_ENDPOINT ENDPOINT (b) (4) (b) (4)	27 Jul 2020 17:54:33

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 21:56:25

Age

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '65'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:00:47

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 21:56:25

Age Units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User entered 'YEARS'	System	29 Jul 2020 15:00:47

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 21:56:25

Age (Derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User entered '65'	System	29 Jul 2020 15:01:24

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 21:56:25

Sex

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Female (F)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:00:47

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 21:56:25

Ethnicity

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Not Hispanic or Latino (NOT HISPANIC OR LATINO)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:00:47

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 21:56:25

White

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '1'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:00:47

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 21:56:25

Black

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '0'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:00:47

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 21:56:25

Asian

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:32
User entered '0'	(b) (4) Shanice Bennett (b) (4)	29 Jul 2020 15:00:47
	(b) (4)	

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 21:56:25 American Indian or Alaska Native

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '0'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:00:47

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 21:56:25 Native Hawaiian or other Pacific Islander

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '0'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:00:47

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 21:56:25

Other

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:32
User entered '0'	(b) (4) Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:00:47

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 21:56:25

If race is Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:00:47

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 21:56:25

Unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:32
User entered '0'	(b) (4) Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:00:47

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 21:56:25

Not reported

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:32
User entered '0'	(b) (4) Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:00:47

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 21:56:25
Date of Informed Consent (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '29 Jul 2020'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:01:24

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 21:56:25

Month and Year of Informed Consent (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User entered 'Jul 2020'	System	29 Jul 2020 15:01:24

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 21:56:25 Year of Informed Consent (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User entered '2020'	System	29 Jul 2020 15:01:24

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 21:56:25

Protocol Version

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Amendment 1 (1)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:01:24

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 21:56:25 Was participant enrolled in the study?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:01:24

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 21:56:25
If No, indicate reason for screen fail

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:01:24

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 21:56:25 If reason for screen fail is Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:01:24

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 21:56:25 Was this participant screened previously?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:01:24

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 21:56:25
If Yes, previous participant number

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	RWS_ENDPOINT ENDPOINT (b) (4) (b) (4)	27 Jul 2020 17:54:32

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 21:56:25

Enrollment Trigger

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User entered '1'	System	29 Jul 2020 15:01:34

Folder: Screening

Form: Inclusion/Exclusion Criteria Summary

Generated On: 11 Aug 2021 21:56:25
Did the participant meet all eligibility criteria?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:01:34

Folder: Screening

Form: Medical History Summary Generated On: 11 Aug 2021 21:56:25 Were any significant conditions reported?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Yes (Y)' reason for change: Data Entry Error	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:05:07
User entered 'No (N)' reason for change: Data Entry Error	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:55:30
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:55:18

Folder: Screening

Form: Medical History (1)

Generated On: 11 Aug 2021 21:56:25

Condition

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:32
User coded data point as SOC: Social circumstances, HLGT: Age related factors, HLT: Age related issues PT: Postmenopause, LLT: Postmenopause - version	, (b) (4)	03 Aug 2020 21:40:38
MedDRA\\23.0.		
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4)	03 Aug 2020 21:40:38
Data point term sent to Coder	System	29 Jul 2020 16:05:57
User entered 'POST MENOPAUSAL'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:05:38

Folder: Screening

Form: Medical History (1)

Generated On: 11 Aug 2021 21:56:25

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'UN UNK 1993'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:05:38

Folder: Screening

Form: Medical History (1)

Generated On: 11 Aug 2021 21:56:25

Start date completely unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '0'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:05:38

Folder: Screening

Form: Medical History (1)

Generated On: 11 Aug 2021 21:56:25

Condition ongoing at study entry

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:05:38

Folder: Screening

Form: Medical History (1)

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4) Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:05:38

Folder: Screening

Form: Medical History (1)

Generated On: 11 Aug 2021 21:56:25

Stop date completely unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '0'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:05:38

Folder: Screening

Form: Medical History (1)

Generated On: 11 Aug 2021 21:56:25

Start Month and Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User entered 'Jan 1993'	System	29 Jul 2020 16:05:38

Folder: Screening

Form: Medical History (1)

Generated On: 11 Aug 2021 21:56:25

Start Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User entered '1993'	System	29 Jul 2020 16:05:38

Folder: Screening

Form: Medical History (1)

Generated On: 11 Aug 2021 21:56:25

Stop Month and Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User entered empty.	System	29 Jul 2020 16:05:38

Folder: Screening

Form: Medical History (1)

Generated On: 11 Aug 2021 21:56:25

Stop Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User entered empty.	System	29 Jul 2020 16:05:38

Folder: Screening

Form: Medical History (2)

Generated On: 11 Aug 2021 21:56:25

Condition

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	25 Mar 2021 22:59:33
User coded data point as SOC: Neoplasms benign,	Coder Import (b) (4)	24 Mar 2021 15:51:52
malignant and unspecified (incl cysts and polyps),	(b) (4)	
HLGT: Skin neoplasms malignant and unspecified,		
HLT: Skin neoplasms malignant and unspecified		
(excl melanoma), PT: Basal cell carcinoma, LLT:		
Basal cell carcinoma - version MedDRA\\23.0.		
User coded data point as Term Coded data point by	Coder Import (b) (4)	24 Mar 2021 15:51:52
User: Coder System - version MedDRA\\23.0.	(b) (4)	
Data point term sent to Coder	System	24 Mar 2021 15:50:22
User entered 'Basal Cell Carcinoma'	(b) (4), (b) (6)	24 Mar 2021 15:50:05

Folder: Screening

Form: Medical History (2)

Generated On: 11 Aug 2021 21:56:25

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	25 Mar 2021 22:59:33
User entered '15 Jul 2020'	(b) (4), (b) (6)	24 Mar 2021 15:50:05

Folder: Screening

Form: Medical History (2)

Generated On: 11 Aug 2021 21:56:25

Start date completely unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	25 Mar 2021 22:59:33
User entered '0'	(b) (4), (b) (6)	24 Mar 2021 15:50:05

Folder: Screening

Form: Medical History (2)

Generated On: 11 Aug 2021 21:56:25

Condition ongoing at study entry

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	25 Mar 2021 22:59:33
User entered 'No (N)'	(b) (4), (b) (6)	24 Mar 2021 15:50:05

Folder: Screening

Form: Medical History (2)

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	25 Mar 2021 22:59:33
User entered '15 Jul 2020'	(b) (4), (b) (6)	24 Mar 2021 15:50:05

Folder: Screening

Form: Medical History (2)

Generated On: 11 Aug 2021 21:56:25

Stop date completely unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	25 Mar 2021 22:59:33
User entered '0'	(b) (4), (b) (6)	24 Mar 2021 15:50:05

Folder: Screening

Form: Medical History (2)

Generated On: 11 Aug 2021 21:56:25

Start Month and Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User entered 'Jul 2020'	System	24 Mar 2021 15:50:05

Folder: Screening

Form: Medical History (2)

Generated On: 11 Aug 2021 21:56:25

Start Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User entered '2020'	System	24 Mar 2021 15:50:05

Folder: Screening

Form: Medical History (2)

Generated On: 11 Aug 2021 21:56:25

Stop Month and Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User entered 'Jul 2020'	System	24 Mar 2021 15:50:05

Folder: Screening

Form: Medical History (2)

Generated On: 11 Aug 2021 21:56:25

Stop Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User entered '2020'	System	24 Mar 2021 15:50:05

Folder: Screening

Form: Medical History (3)

Generated On: 11 Aug 2021 21:56:25

Condition

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	25 Mar 2021 22:59:33
User coded data point as SOC: Neoplasms benign, malignant and unspecified (incl cysts and polyps), HLGT: Miscellaneous and site unspecified neoplasms malignant and unspecified, HLT: Neoplasms malignant site unspecified NEC, PT:	Coder Import (b) (4) (b) (4)	24 Mar 2021 15:51:53
Squamous cell carcinoma, LLT: Squamous cell carcinoma - version MedDRA\\23.0.		
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	24 Mar 2021 15:51:53
Data point term sent to Coder	System	24 Mar 2021 15:51:23
User entered 'Squamous Cell Carcinoma'	(b) (4), (b) (6)	24 Mar 2021 15:50:36

Folder: Screening

Form: Medical History (3)

Generated On: 11 Aug 2021 21:56:25

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	25 Mar 2021 22:59:33
User entered '15 Jul 2020'	(b) (4), (b) (6)	24 Mar 2021 15:50:36

Folder: Screening

Form: Medical History (3)

Generated On: 11 Aug 2021 21:56:25

Start date completely unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	25 Mar 2021 22:59:33
User entered '0'	(b) (4), (b) (6)	24 Mar 2021 15:50:36

Folder: Screening

Form: Medical History (3)

Generated On: 11 Aug 2021 21:56:25

Condition ongoing at study entry

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	25 Mar 2021 22:59:33
User entered 'No (N)'	(b) (4), (b) (6)	24 Mar 2021 15:50:36

Folder: Screening

Form: Medical History (3)

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	25 Mar 2021 22:59:33
User entered '15 Jul 2020'	(b) (4), (b) (6)	24 Mar 2021 15:50:36

Folder: Screening

Form: Medical History (3)

Generated On: 11 Aug 2021 21:56:25

Stop date completely unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	25 Mar 2021 22:59:33
User entered '0'	(b) (4), (b) (6)	24 Mar 2021 15:50:36

Folder: Screening

Form: Medical History (3)

Generated On: 11 Aug 2021 21:56:25

Start Month and Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User entered 'Jul 2020'	System	24 Mar 2021 15:50:36

Folder: Screening

Form: Medical History (3)

Generated On: 11 Aug 2021 21:56:25

Start Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User entered '2020'	System	24 Mar 2021 15:50:36

Folder: Screening

Form: Medical History (3)

Generated On: 11 Aug 2021 21:56:25

Stop Month and Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User entered 'Jul 2020'	System	24 Mar 2021 15:50:36

Folder: Screening

Form: Medical History (3)

Generated On: 11 Aug 2021 21:56:25

Stop Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User entered '2020'	System	24 Mar 2021 15:50:36

Folder: Screening

Form: Medical History (4)

Generated On: 11 Aug 2021 21:56:25

Condition

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User coded data point as SOC: Surgical and medical procedures, HLGT: Skin and subcutaneous tissue therapeutic procedures, HLT: Skin and subcutaneous tissue therapeutic procedures NEC, PT: Dermal filler injection, LLT: Dermal filler injection - version MedDRA\\23.0.	(b) (4)	29 Mar 2021 13:24:14
User coded data point as Term Coded data point by User: (b) (6) - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	29 Mar 2021 13:24:14
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	25 Mar 2021 22:59:33
Data point term sent to Coder	System	24 Mar 2021 15:51:23
User entered 'Dermal fillers/Cosmetic injection'	(b) (4), (b) (6)	24 Mar 2021 15:51:21

Folder: Screening

Form: Medical History (4)

Generated On: 11 Aug 2021 21:56:25

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	25 Mar 2021 22:59:33
User entered 'un UNK 2020'	(b) (4), (b) (6)	24 Mar 2021 15:51:21

Folder: Screening

Form: Medical History (4)

Generated On: 11 Aug 2021 21:56:25

Start date completely unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	25 Mar 2021 22:59:33
User entered '0'	(b) (4), (b) (6)	24 Mar 2021 15:51:21

Folder: Screening

Form: Medical History (4)

Generated On: 11 Aug 2021 21:56:25

Condition ongoing at study entry

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	25 Mar 2021 22:59:33
User entered 'No (N)'	(b) (4), (b) (6)	24 Mar 2021 15:51:21

Folder: Screening

Form: Medical History (4)

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	25 Mar 2021 22:59:33
User entered 'un UNK 2020'	(b) (4), (b) (6)	24 Mar 2021 15:51:21

Folder: Screening

Form: Medical History (4)

Generated On: 11 Aug 2021 21:56:25

Stop date completely unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	25 Mar 2021 22:59:33
User entered '0'	(b) (4), (b) (6)	24 Mar 2021 15:51:21

Folder: Screening

Form: Medical History (4)

Generated On: 11 Aug 2021 21:56:25

Start Month and Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User entered 'Jan 2020'	System	24 Mar 2021 15:51:21

Folder: Screening

Form: Medical History (4)

Generated On: 11 Aug 2021 21:56:25

Start Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User entered '2020'	System	24 Mar 2021 15:51:21

Folder: Screening

Form: Medical History (4)

Generated On: 11 Aug 2021 21:56:25

Stop Month and Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User entered 'Jan 2020'	System	24 Mar 2021 15:51:21

Folder: Screening

Form: Medical History (4)

Generated On: 11 Aug 2021 21:56:25

Stop Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User entered '2020'	System	24 Mar 2021 15:51:21

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25

Were vital signs assessed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:56:08

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25 Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User closed query 'The Vital Signs Date is not equal to Visit Date. Please review and reconcile.' (Site from System).	(b) (4), (b) (6)	03 Aug 2020 18:30:09
Query 'The Vital Signs Date is not equal to Visit Date. Please review and reconcile.' answered with 'CORRECT, DELAYED VACCINATION' (Site from System).	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:56:41
User opened query 'The Vital Signs Date is not equal to Visit Date. Please review and reconcile.' (Site from System).	•	29 Jul 2020 15:56:08
User entered '29 Jul 2020'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:56:08

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25 Time of assessment (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '09:08'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:56:08

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User entered '29 Jul 2020 09:08'	System	29 Jul 2020 15:56:08

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25

Height (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '166.5' cm	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:56:08
DataPoint set to visible.	System	29 Jul 2020 15:01:34

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25

Weight (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '67.5' kg	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:56:08
DataPoint set to visible.	System	29 Jul 2020 15:01:34

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25

BMI (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
Amendment Manager: User entered '24.34867'	System	16 Sep 2020 23:36:52
User entered '24.3'	System	29 Jul 2020 15:56:08
DataPoint set to visible.	System	29 Jul 2020 15:01:34

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25

BMI units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User entered 'kg/m2'	System	29 Jul 2020 15:56:08
DataPoint set to visible.	System	29 Jul 2020 15:01:34

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25

Temperature (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User closed query 'Per CDM: Per CCGs V2.0 pages 16-17, if Screening and Visit 1 Day 1 are on the sam day, ND should be recorded for TEMPERATURE, PULSE, RESPIRATORY RATE, SYSTOLIC BP, and DIASTOLIC BP on this page (ND for "Not don and not left empty). Please note that when ND is recorded the unit should not remain. Please review and update as appropriate. ' (Site from DM).	(b) (4), (b) (6)	03 Nov 2020 08:33:59
Query 'Per CDM: Per CCGs V2.0 pages 16-17, if Screening and Visit 1 Day 1 are on the same day, N should be recorded for TEMPERATURE, PULSE, RESPIRATORY RATE, SYSTOLIC BP, and DIASTOLIC BP on this page (ND for "Not done" a not left empty). Please note that when ND is recorded the unit should not remain. Please review and update as appropriate. 'answered with 'UPDATED' (Site from DM).	nd ed	30 Oct 2020 18:02:22
User entered missing code ND - Not Done; reason for	or (b) (4), (b) (6)	30 Oct 2020 18:02:14
change Data Entry Error User opened query 'Per CDM: Per CCGs V2.0 page 16-17, if Screening and Visit 1 Day 1 are on the san day, ND should be recorded for TEMPERATURE, PULSE, RESPIRATORY RATE, SYSTOLIC BP, and DIASTOLIC BP on this page (ND for "Not don and not left empty). Please note that when ND is recorded the unit should not remain. Please review and update as appropriate. ' (Site from DM).	e"	21 Oct 2020 12:28:26
User entered '36.6' C	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:56:08

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25

Route of measurement

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty; reason for change Data Entry Error	(b) (4), (b) (6)	30 Oct 2020 18:02:14
User entered 'Oral (Oral)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:56:08

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25

If Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:56:08

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25

Pulse (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered missing code ND - Not Done; reason for change Data Entry Error		30 Oct 2020 18:02:14
User entered '57'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:56:08

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25

Pulse units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User entered 'bpm'	System	29 Jul 2020 15:56:08

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25

Respiratory Rate (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered missing code ND - Not Done; reason for change Data Entry Error		30 Oct 2020 18:02:14
User entered '15'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:56:08

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25

Respiratory Rate units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User entered 'breaths/min'	System	29 Jul 2020 15:56:08

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered missing code ND - Not Done; reason for change Data Entry Error	r ` (́b) (́4), (b) (6)	30 Oct 2020 18:02:14
User entered '111'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:56:08

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25

Systolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User entered 'mmHg'	System	29 Jul 2020 15:56:08

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered missing code ND - Not Done; reason for change Data Entry Error	or (b) (4), (b) (6)	30 Oct 2020 18:02:14
User entered '79'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:56:08

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25

Diastolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User entered 'mmHg'	System	29 Jul 2020 15:56:08

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25

Height (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25

Weight (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36

Folder: Screening

Form: Physical Examination

Generated On: 11 Aug 2021 21:56:25 Was the physical examination performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:56:49

Folder: Screening

Form: Physical Examination

Generated On: 11 Aug 2021 21:56:25 Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '29 Jul 2020'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:56:49

Folder: Screening

Form: Childbearing Potential

Generated On: 11 Aug 2021 21:56:25 Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '29 Jul 2020'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:57:34

Folder: Screening

Form: Childbearing Potential

Generated On: 11 Aug 2021 21:56:25
Is the participant of childbearing potential?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:57:34

Folder: Screening

Form: Childbearing Potential

Generated On: 11 Aug 2021 21:56:25

If No, what is the reason?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Post-menopausal (POST-MENOPAUSAL)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:57:34

Folder: Screening

Form: Childbearing Potential

Generated On: 11 Aug 2021 21:56:25
If Partner medically sterile or Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:57:34

Folder: Screening

Form: Childbearing Potential

Generated On: 11 Aug 2021 21:56:25

If Surgically sterile, date of surgery (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:57:34

Folder: Screening

Form: Childbearing Potential

Generated On: 11 Aug 2021 21:56:25

Date of surgery unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '0'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:57:34

Folder: Screening

Form: Childbearing Potential

Generated On: 11 Aug 2021 21:56:25

If Post-menopausal, date of last menstruation (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'UN UNK 1993'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:57:34

Folder: Screening

Form: Childbearing Potential

Generated On: 11 Aug 2021 21:56:25
Date of last menstruation unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '0'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:57:34

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:58:41

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:58:41

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:58:41

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 21:56:25

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

processing plants)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:58:41

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:58:41

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 21:56:25

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

workers)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:58:41

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:58:41

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 21:56:25

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

plumbers, janitorial services)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:32
User entered 'No (N)'	(b) (4) Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:58:41

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:58:41

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:58:41

Folder: Screening Form: Risk of Exposure

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Educators and Students (e.g., teachers, administrators, support staff, and students interacting in

face-to-face school setting)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:58:41

Folder: Screening

Form: Risk of Exposure

Generated On: 11 Aug 2021 21:56:25

Other

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:58:41

Folder: Screening
Form: Risk of Exposure

Generated On: 11 Aug 2021 21:56:25

Specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:58:41

Folder: Screening
Form: Risk of Exposure

Generated On: 11 Aug 2021 21:56:25

No Risk Identified

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '0'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:58:41

Folder: Screening
Form: Risk of Exposure

Generated On: 11 Aug 2021 21:56:25

Resides in Nursing Home or Assisted Living Facility

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:32
User entered '0'	(b) (4) Shanice Bennett (b) (4)	29 Jul 2020 15:58:41
	(b) (4)	

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 21:56:25

 $\textbf{Resides in Multi-family dwelling} \ (e.g., \ cohabitation \ in \ dwelling \ with > 5 \ people, \ includes \ grandparents$

living with children < 18yrs)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '0'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:58:41

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '0'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:58:41

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '0'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:58:41

Folder: Screening
Form: Risk of Exposure

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '0'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:58:41

Folder: Screening
Form: Risk of Exposure

Generated On: 11 Aug 2021 21:56:25

Other

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '1'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:58:41

Folder: Screening
Form: Risk of Exposure

Generated On: 11 Aug 2021 21:56:25

Specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 13:06:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'ONGOING PERSON TO PERSON TRANSMISSION'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:58:41

Folder: Visit 1 Day 1 Form: Visit Date

Generated On: 11 Aug 2021 21:56:25

Was this visit performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:58:51

Folder: Visit 1 Day 1 Form: Visit Date

Generated On: 11 Aug 2021 21:56:25

Visit date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '29 Jul 2020'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:58:51

Folder: Visit 1 Day 1 Form: Visit Date

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Clinic (Clinic)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:58:51

Folder: Visit 1 Day 1 Form: Visit Date

Generated On: 11 Aug 2021 21:56:25

Folder OID

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered 'VISIT1'	System	29 Jul 2020 15:58:51

Folder: Visit 1 Day 1 Form: Randomization

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '29 JUL 2020'	RWS_ENDPOINT ENDPOINT (b) (4) (b) (4)	29 Jul 2020 13:44:33

Folder: Visit 1 Day 1 Form: Randomization

Generated On: 11 Aug 2021 21:56:25

What was the participant's randomization number?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
Amendment Manager: User closed query 'Data entered is non-conformant. Please correct.' (Site from System).	System	21 Aug 2020 01:02:42
Amendment Manager: Data point set to conformant.	System	21 Aug 2020 01:02:42
User opened query 'Data entered is non-conformant. Please correct.' (Site from System).	System	29 Jul 2020 13:44:33
User entered '184088' (non-conformant).	RWS_ENDPOINT ENDPOINT (b) (4) (b) (4)	29 Jul 2020 13:44:33

Folder: Visit 1 Day 1 Form: Randomization

Generated On: 11 Aug 2021 21:56:25 In what Cohort was the participant enrolled?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '>=65 years (3)'	RWS_ÉNDPOINT ENDPOINT (b) (4) (b) (4)	29 Jul 2020 13:44:33

Folder: Visit 1 Day 1 Form: Randomization

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:59:14

Folder: Visit 1 Day 1
Form: Randomization

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:59:14

Folder: Visit 1 Day 1 Form: Randomization

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:59:14

Folder: Visit 1 Day 1
Form: Randomization

Generated On: 11 Aug 2021 21:56:25 Diabetes (Type I, Type 2, or gestational)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:59:14

Folder: Visit 1 Day 1
Form: Randomization

Generated On: 11 Aug 2021 21:56:25

Liver Disease

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:59:14

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 21:56:25

Height

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User closed query 'Per CDM Please note as the Screening and Visit 1 is done on the same day, Height and weight to be recorded in screening and updated to "NOT Done" in Visit 1. Kindly remove	(b) (4), (b) (6)	04 Nov 2020 06:55:30
the units as well .Thanks ' (Site from DM). Query 'Per CDM Please note as the Screening and Visit 1 is done on the same day, Height and weight to be recorded in screening and updated to "NOT Done " in Visit 1. Kindly remove the units as well .Thanks		03 Nov 2020 14:51:02
answered with 'UPDATED' (Site from DM). User entered missing code ND - Not Done; reason for		03 Nov 2020 14:50:55
change Per Query Resolution User opened query 'Per CDM Please note as the	(b) (4) (b) (4), (b) (6)	20 Oct 2020 10:37:46
Screening and Visit 1 is done on the same day, Height and weight to be recorded in screening and updated to "NOT Done" in Visit 1. Kindly remove the units as well .Thanks ' (Site from DM).	(b) (4), (b) (6)	20 Oct 2020 10.37.40
User entered '166.5' cm	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:01:23

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 21:56:25

Weight

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:32
User entered missing code ND - Not Done; reason for	(b) (4) rMorgan Deal (b) (4)	03 Nov 2020 14:50:55
change Per Query Resolution	(b) (4)	
User entered '67.5' kg	Shanice Bennett (b) (4)	29 Jul 2020 16:01:23
	(b) (4)	

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 21:56:25

Height

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User closed query 'Per CDM Please note as the Screening and Visit 1 is done on the same day, Height and weight to be recorded in screening and updated to "NOT Done" in Visit 1. Kindly remove the units as well .Thanks ' (Site from DM).	(b) (4), (b) (6)	04 Nov 2020 06:55:30
Query 'Per CDM Please note as the Screening and Visit 1 is done on the same day, Height and weight to be recorded in screening and updated to "NOT Done" in Visit 1. Kindly remove the units as well .Thanks answered with 'UPDATED' (Site from DM).	, , , ,	03 Nov 2020 14:51:02
User entered missing code ND - Not Done; reason for change Per Query Resolution	orMorgan Deal (b) (4) (b) (4)	03 Nov 2020 14:50:55
User opened query 'Per CDM Please note as the Screening and Visit 1 is done on the same day, Height and weight to be recorded in screening and updated to "NOT Done" in Visit 1. Kindly remove the units as well .Thanks ' (Site from DM).	(b) (4), (b) (6)	20 Oct 2020 10:37:46
User entered '166.5' cm	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:01:23

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 21:56:25

Weight

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:32
User entered missing code ND - Not Done; reason for	(b) (4) rMorgan Deal (b) (4)	03 Nov 2020 14:50:55
change Per Query Resolution	(b) (4)	
User entered '67.5' kg	Shanice Bennett (b) (4)	29 Jul 2020 16:01:23
	(b) (4)	

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Timepoint

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User accepted default value 'Pre-Dose (PREDOSE)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:01:23

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Were vital signs assessed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:01:23

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25 Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '29 Jul 2020'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:01:23

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '09:08'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:01:23

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered '29 Jul 2020 09:08'	System	29 Jul 2020 16:01:23

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Temperature (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '36.6' C	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:01:23

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Route of measurement

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Oral (Oral)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:01:23

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

If Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:01:23

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Pulse (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '57'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:01:23

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Pulse units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered 'bpm'	System	29 Jul 2020 16:01:23

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Respiratory Rate (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '15'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:01:23

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Respiratory Rate units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered 'breaths/min'	System	29 Jul 2020 16:01:23

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '111'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:01:23

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Systolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered 'mmHg'	System	29 Jul 2020 16:01:23

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '79'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:01:23

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Diastolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered 'mmHg'	System	29 Jul 2020 16:01:23

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 21:56:25

Height

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User closed query 'Per CDM Please note as the Screening and Visit 1 is done on the same day, Height and weight to be recorded in screening and	(b) (4), (b) (6)	04 Nov 2020 06:55:30
updated to "NOT Done" in Visit 1. Kindly remove the units as well .Thanks ' (Site from DM).		
Query 'Per CDM Please note as the Screening and Visit 1 is done on the same day, Height and weight to be recorded in screening and updated to "NOT Done" in Visit 1. Kindly remove the units as well .Thanks answered with 'UPDATED' (Site from DM).	, , , ,	03 Nov 2020 14:51:02
User entered missing code ND - Not Done; reason for change Per Query Resolution	orMorgan Deal (b) (4) (b) (4)	03 Nov 2020 14:50:55
User opened query 'Per CDM Please note as the Screening and Visit 1 is done on the same day, Height and weight to be recorded in screening and updated to "NOT Done" in Visit 1. Kindly remove the units as well .Thanks ' (Site from DM).	(b) (4), (b) (6)	20 Oct 2020 10:37:46
User entered '166.5' cm	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:01:23

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 21:56:25

Weight

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:32
User entered missing code ND - Not Done; reason for	(b) (4) rMorgan Deal (b) (4)	03 Nov 2020 14:50:55
change Per Query Resolution	(b) (4)	
User entered '67.5' kg	Shanice Bennett (b) (4)	29 Jul 2020 16:01:23
	(b) (4)	

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Timepoint

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User accepted default value 'Post-Dose (POSTDOSE)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:01:23

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Were vital signs assessed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:01:23

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25 Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '29 Jul 2020'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:01:23

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User closed 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).	(b) (4), (b) (6)	03 Aug 2020 18:29:42
Query 'Post-dose vital signs time is prior to or less than 60 minutes after the Dose Time. Please review and reconcile.' answered with 'CORRECT' (Site from System).	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:01:32
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).	•	29 Jul 2020 16:01:23
User entered '11:03'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:01:23

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered '29 Jul 2020 11:03'	System	29 Jul 2020 16:01:23

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Temperature (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:32
User entered '36.4' C	(b) (4) Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:01:23

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Route of measurement

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Oral (Oral)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:01:23

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

If Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:01:23

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Pulse (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '61'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:01:23

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Pulse units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered 'bpm'	System	29 Jul 2020 16:01:23

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Respiratory Rate (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:32
User entered '16'	(b) (4) Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:01:23

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Respiratory Rate units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered 'breaths/min'	System	29 Jul 2020 16:01:23

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '112'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:01:23

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Systolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered 'mmHg'	System	29 Jul 2020 16:01:23

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '70'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:01:23

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Diastolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered 'mmHg'	System	29 Jul 2020 16:01:23

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 11 Aug 2021 21:56:25 Was the physical examination performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:00:07

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 11 Aug 2021 21:56:25 Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '29 Jul 2020'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:00:07

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 21:56:25

Was study treatment given?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:02:16

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 21:56:25

If No, reason not given

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4) Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:02:16

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 21:56:25

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

specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:02:16

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 21:56:25

What was the study treatment?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered 'MRNA-1273 OR PLACEBO'	System	29 Jul 2020 15:02:16

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 21:56:25 What was the treatment date? (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '29 Jul 2020'	Shanice Bennett (b) (4)	29 Jul 2020 15:02:16

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 21:56:25 What was the treatment time? (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '10:27'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:02:16

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 21:56:25 Treatment Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered '29 Jul 2020 10:27'	System	29 Jul 2020 15:02:16

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 21:56:25 Which arm was used to give treatment?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Left Arm (LEFT ARM)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:02:16

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 21:56:25

What was the frequency of the study treatment dosing?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered 'ONCE'	System	29 Jul 2020 15:02:16

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 21:56:25

What was the route of administration for the study treatment?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered 'INTRAMUSCULAR'	System	29 Jul 2020 15:02:16

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 21:56:25

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:59:33

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 21:56:25

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '29 Jul 2020'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:59:33

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 21:56:25

Collection time (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '09:38'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:59:33

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 21:56:25 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered '29 Jul 2020 09:38'	System	29 Jul 2020 15:59:33

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 11 Aug 2021 21:56:25

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '29 Jul 2020'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:59:51

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 11 Aug 2021 21:56:25

Lab Test

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User accepted default value 'Nasopharyngeal Swab 1 (NASAL1)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:59:51

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 11 Aug 2021 21:56:25

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:59:51

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 11 Aug 2021 21:56:25

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '09:30'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:59:51

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 11 Aug 2021 21:56:25 Collection date and time (derived)

Conection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered '29 Jul 2020 09:30'	System	29 Jul 2020 15:59:51

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 11 Aug 2021 21:56:25

Lab Test

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User accepted default value 'Nasopharyngeal Swab 2 (NASAL2)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:59:51

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 11 Aug 2021 21:56:25

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:59:51

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 11 Aug 2021 21:56:25

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:59:51

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 11 Aug 2021 21:56:25 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered empty.	System	29 Jul 2020 15:59:51

Folder: Visit 1 Day 1
Form: Continuing

Generated On: 11 Aug 2021 21:56:25
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 15:59:58

Folder: Visit 1 Day 1 Form: Continuing

Generated On: 11 Aug 2021 21:56:25

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered '1'	System	29 Jul 2020 15:59:58

Folder: Diary Dose 1 (1) Form: Temperature_Day(1/1)

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
Data entry locked.	System	29 Jul 2020 15:02:16
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1) Form: Temperature_Day(1/1)

Generated On: 11 Aug 2021 21:56:25

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-29T11:07:58', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '74c75e9e-b94d-4922-bc85-c1c3543feb8d'	System	29 Jul 2020 15:08:21
User entered 'Yes (Y)'	System	29 Jul 2020 15:08:21

Folder: Diary Dose 1 (1)
Form: Temperature_Day(1/1)

Generated On: 11 Aug 2021 21:56:25 Please record your TEMPERATURE in °F

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-29T11:08:05', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '74c75e9e-b94d-4922-bc85-c1c3543feb8d'	System	29 Jul 2020 15:08:21
User entered '97.5'	System	29 Jul 2020 15:08:21

Folder: Diary Dose 1 (1)
Form: Temperature_Day(1/1)

Generated On: 11 Aug 2021 21:56:25

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-29T11:08:11', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '74c75e9e-b94d-4922-bc85-c1c3543feb8d'	System	29 Jul 2020 15:08:21
User entered 'No (N)'	System	29 Jul 2020 15:08:21

Folder: Diary Dose 1 (1) Form: Temperature_Day(1/1)

Generated On: 11 Aug 2021 21:56:25

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-29T11:08:18', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '74c75e9e-b94d-4922-bc85-c1c3543feb8d'	System	29 Jul 2020 15:08:21
User entered '29 Jul 2020 11:08'	System	29 Jul 2020 15:08:21

Folder: Diary Dose 1 (1)
Form: Temperature_Day(1/1)

Generated On: 11 Aug 2021 21:56:25

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '29 Jul 2020 10:47'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1) Form: Temperature_Day(1/1)

Generated On: 11 Aug 2021 21:56:25

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '29 Jul 2020 13:17'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1) Form: Temperature_Day(1/2)

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
Data entry locked.	System	29 Jul 2020 15:02:16
User entered 'Day 1, after vaccination (at home)'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1) Form: Temperature_Day(1/2)

Generated On: 11 Aug 2021 21:56:25

Was TEMPERATURE taken?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-29T20:13:58', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '93452d95-7ce2-4c10-9baf-5be205c05858'	System	30 Jul 2020 00:14:17
User entered 'Yes (Y)'	System	30 Jul 2020 00:14:17

Folder: Diary Dose 1 (1)
Form: Temperature_Day(1/2)

Generated On: 11 Aug 2021 21:56:25 Please record your TEMPERATURE in °F

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-29T20:14:04', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '93452d95-7ce2-4c10-9baf-5be205c05858'	System	30 Jul 2020 00:14:17
User entered '97.1'	System	30 Jul 2020 00:14:17

Folder: Diary Dose 1 (1)
Form: Temperature_Day(1/2)

Generated On: 11 Aug 2021 21:56:25

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',	System	30 Jul 2020 00:14:17
Time: '2020-07-29T20:14:08', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '93452d95-7ce2-4c10-9baf-5be205c05858'		
User entered 'No (N)'	System	30 Jul 2020 00:14:17

Folder: Diary Dose 1 (1) Form: Temperature_Day(1/2)

Generated On: 11 Aug 2021 21:56:25

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-29T20:14:15', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '93452d95-7ce2-4c10-9baf-5be205c05858'	System	30 Jul 2020 00:14:17
User entered '29 Jul 2020 20:14'	System	30 Jul 2020 00:14:17

Folder: Diary Dose 1 (1)
Form: Temperature_Day(1/2)

Generated On: 11 Aug 2021 21:56:25

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '29 Jul 2020 14:12'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1) Form: Temperature_Day(1/2)

Generated On: 11 Aug 2021 21:56:25

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '30 Jul 2020 11:59'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1) Form: Temperature_Day(2)

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
Data entry locked.	System	29 Jul 2020 15:02:16
User entered 'Day 2'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1) Form: Temperature_Day(2)

Generated On: 11 Aug 2021 21:56:25

Was TEMPERATURE taken?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-30T15:18:24', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '103adfdf-24d2-4553-91a4-09965bb5804c'	System	30 Jul 2020 19:18:44
User entered 'Yes (Y)'	System	30 Jul 2020 19:18:44

Folder: Diary Dose 1 (1) Form: Temperature_Day(2)

Generated On: 11 Aug 2021 21:56:25 Please record your TEMPERATURE in °F

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-30T15:18:30', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '103adfdf-24d2-4553-91a4-09965bb5804c'	System	30 Jul 2020 19:18:44
User entered '98.7'	System	30 Jul 2020 19:18:44

Folder: Diary Dose 1 (1) Form: Temperature_Day(2)

Generated On: 11 Aug 2021 21:56:25

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-30T15:18:34', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '103adfdf-24d2-4553-91a4-09965bb5804c'	System	30 Jul 2020 19:18:44
User entered 'No (N)'	System	30 Jul 2020 19:18:44

Folder: Diary Dose 1 (1) Form: Temperature_Day(2)

Generated On: 11 Aug 2021 21:56:25

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-30T15:18:42', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '103adfdf-24d2-4553-91a4-09965bb5804c'	System	30 Jul 2020 19:18:44
User entered '30 Jul 2020 15:18'	System	30 Jul 2020 19:18:44

Folder: Diary Dose 1 (1) Form: Temperature_Day(2)

Generated On: 11 Aug 2021 21:56:25

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '30 Jul 2020 12:00'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1) Form: Temperature_Day(2)

Generated On: 11 Aug 2021 21:56:25

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '31 Jul 2020 11:59'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: Temperature_Day(3)

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
Data entry locked.	System	29 Jul 2020 15:02:16
User entered 'Day 3'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: Temperature_Day(3)

Generated On: 11 Aug 2021 21:56:25

Was TEMPERATURE taken?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-31T18:22:00', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '94227c3a-7469-45c9-81bc-f0023f976489'	System	31 Jul 2020 22:22:27
User entered 'Yes (Y)'	System	31 Jul 2020 22:22:27

Folder: Diary Dose 1 (1)
Form: Temperature_Day(3)

Generated On: 11 Aug 2021 21:56:25 Please record your TEMPERATURE in °F

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-31T18:22:08', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '94227c3a-7469-45c9-81bc-f0023f976489'		31 Jul 2020 22:22:27
User entered '97.4'	System	31 Jul 2020 22:22:27

Folder: Diary Dose 1 (1)
Form: Temperature_Day(3)

Generated On: 11 Aug 2021 21:56:25

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-31T18:22:12', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '94227c3a-7469-45c9-81bc-f0023f976489'	System	31 Jul 2020 22:22:27
User entered 'No (N)'	System	31 Jul 2020 22:22:27

Folder: Diary Dose 1 (1)
Form: Temperature_Day(3)

Generated On: 11 Aug 2021 21:56:25

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-31T18:22:26', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '94227c3a-7469-45c9-81bc-f0023f976489'	System	31 Jul 2020 22:22:27
User entered '31 Jul 2020 18:22'	System	31 Jul 2020 22:22:27

Folder: Diary Dose 1 (1)
Form: Temperature_Day(3)

Generated On: 11 Aug 2021 21:56:25

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '31 Jul 2020 12:00'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: Temperature_Day(3)

Generated On: 11 Aug 2021 21:56:25

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '01 Aug 2020 11:59'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1) Form: Temperature_Day(4)

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
Data entry locked.	System	29 Jul 2020 15:02:16
User entered 'Day 4'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1) Form: Temperature_Day(4)

Generated On: 11 Aug 2021 21:56:25

Was TEMPERATURE taken?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-01T12:29:35', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '9d638f63-1eeb-4416-8fce-54e7ac54e45a'	System	01 Aug 2020 16:29:50
User entered 'Yes (Y)'	System	01 Aug 2020 16:29:50

Folder: Diary Dose 1 (1) Form: Temperature_Day(4)

Generated On: 11 Aug 2021 21:56:25 Please record your TEMPERATURE in °F

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-01T12:29:41', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '9d638f63-1eeb-4416-8fce-54e7ac54e45a'	System	01 Aug 2020 16:29:50
User entered '96.8'	System	01 Aug 2020 16:29:50

Folder: Diary Dose 1 (1) Form: Temperature_Day(4)

Generated On: 11 Aug 2021 21:56:25

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-01T12:29:44', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '9d638f63-1eeb-4416-8fce-54e7ac54e45a'	System	01 Aug 2020 16:29:50
User entered 'No (N)'	System	01 Aug 2020 16:29:50

Folder: Diary Dose 1 (1) Form: Temperature_Day(4)

Generated On: 11 Aug 2021 21:56:25

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-01T12:29:49', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '9d638f63-1eeb-4416-8fce-54e7ac54e45a'	System	01 Aug 2020 16:29:50
User entered '01 Aug 2020 12:29'	System	01 Aug 2020 16:29:50

Folder: Diary Dose 1 (1) Form: Temperature_Day(4)

Generated On: 11 Aug 2021 21:56:25

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '01 Aug 2020 12:00'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1) Form: Temperature_Day(4)

Generated On: 11 Aug 2021 21:56:25

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '02 Aug 2020 11:59'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1) Form: Temperature_Day(5)

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
Data entry locked.	System	29 Jul 2020 15:02:16
User entered 'Day 5'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1) Form: Temperature_Day(5)

Generated On: 11 Aug 2021 21:56:25

Was TEMPERATURE taken?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-02T14:45:06', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '8ef8bcb0-0342-4fb9-a921-e0c3ec6c291e'	System	02 Aug 2020 18:45:36
User entered 'Yes (Y)'	System	02 Aug 2020 18:45:36

Folder: Diary Dose 1 (1) Form: Temperature_Day(5)

Generated On: 11 Aug 2021 21:56:25 Please record your TEMPERATURE in °F

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-02T14:45:23', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '8ef8bcb0-0342-4fb9-a921-e0c3ec6c291e'	System	02 Aug 2020 18:45:36
User entered '97.0'	System	02 Aug 2020 18:45:36

Folder: Diary Dose 1 (1) Form: Temperature_Day(5)

Generated On: 11 Aug 2021 21:56:25

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-02T14:45:27', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '8ef8bcb0-0342-4fb9-a921-e0c3ec6c291e'	System	02 Aug 2020 18:45:36
User entered 'No (N)'	System	02 Aug 2020 18:45:36

Folder: Diary Dose 1 (1) Form: Temperature_Day(5)

Generated On: 11 Aug 2021 21:56:25

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-02T14:45:31', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '8ef8bcb0-0342-4fb9-a921-e0c3ec6c291e'	System	02 Aug 2020 18:45:36
User entered '02 Aug 2020 14:45'	System	02 Aug 2020 18:45:36

Folder: Diary Dose 1 (1) Form: Temperature_Day(5)

Generated On: 11 Aug 2021 21:56:25

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '02 Aug 2020 12:00'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1) Form: Temperature_Day(5)

Generated On: 11 Aug 2021 21:56:25

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '03 Aug 2020 11:59'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1) Form: Temperature_Day(6)

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
Data entry locked.	System	29 Jul 2020 15:02:16
User entered 'Day 6'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1) Form: Temperature_Day(6)

Generated On: 11 Aug 2021 21:56:25

Was TEMPERATURE taken?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-03T13:51:13', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '703bc464-2ac1-48b1-a9a8-162c8a33cf28'	System	03 Aug 2020 17:51:30
User entered 'Yes (Y)'	System	03 Aug 2020 17:51:30

Folder: Diary Dose 1 (1) Form: Temperature_Day(6)

Generated On: 11 Aug 2021 21:56:25 Please record your TEMPERATURE in °F

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-03T13:51:19', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '703bc464-2ac1-48b1-a9a8-162c8a33cf28'	System	03 Aug 2020 17:51:30
User entered '96.5'	System	03 Aug 2020 17:51:30

Folder: Diary Dose 1 (1) Form: Temperature_Day(6)

Generated On: 11 Aug 2021 21:56:25

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-03T13:51:22', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '703bc464-2ac1-48b1-a9a8-162c8a33cf28'	System	03 Aug 2020 17:51:30
User entered 'No (N)'	System	03 Aug 2020 17:51:30

Folder: Diary Dose 1 (1) Form: Temperature_Day(6)

Generated On: 11 Aug 2021 21:56:25

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-03T13:51:26', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '703bc464-2ac1-48b1-a9a8-162c8a33cf28'	System	03 Aug 2020 17:51:30
User entered '03 Aug 2020 13:51'	System	03 Aug 2020 17:51:30

Folder: Diary Dose 1 (1) Form: Temperature_Day(6)

Generated On: 11 Aug 2021 21:56:25

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '03 Aug 2020 12:00'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1) Form: Temperature_Day(6)

Generated On: 11 Aug 2021 21:56:25

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '04 Aug 2020 11:59'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1) Form: Temperature_Day(7)

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
Data entry locked.	System	29 Jul 2020 15:02:16
User entered 'Day 7'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1) Form: Temperature_Day(7)

Generated On: 11 Aug 2021 21:56:25

Was TEMPERATURE taken?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-04T12:26:08', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '8ced15e4-f328-4016-a764-18431b938987'	System	04 Aug 2020 16:26:24
User entered 'Yes (Y)'	System	04 Aug 2020 16:26:24

Folder: Diary Dose 1 (1) Form: Temperature_Day(7)

Generated On: 11 Aug 2021 21:56:25 Please record your TEMPERATURE in °F

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-04T12:26:13', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '8ced15e4-f328-4016-a764-18431b938987'		04 Aug 2020 16:26:24
User entered '96.7'	System	04 Aug 2020 16:26:24

Folder: Diary Dose 1 (1) Form: Temperature_Day(7)

Generated On: 11 Aug 2021 21:56:25

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-04T12:26:16', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '8ced15e4-f328-4016-a764-18431b938987'	System	04 Aug 2020 16:26:24
User entered 'No (N)'	System	04 Aug 2020 16:26:24

Folder: Diary Dose 1 (1) Form: Temperature_Day(7)

Generated On: 11 Aug 2021 21:56:25

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-04T12:26:19', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '8ced15e4-f328-4016-a764-18431b938987'	System	04 Aug 2020 16:26:24
User entered '04 Aug 2020 12:26'	System	04 Aug 2020 16:26:24

Folder: Diary Dose 1 (1) Form: Temperature_Day(7)

Generated On: 11 Aug 2021 21:56:25

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '04 Aug 2020 12:00'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1) Form: Temperature_Day(7)

Generated On: 11 Aug 2021 21:56:25

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '05 Aug 2020 11:59'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(1/1)

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
Data entry locked.	System	29 Jul 2020 15:02:16
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(1/1)

Generated On: 11 Aug 2021 21:56:25

Please record - PAIN AT INJECTION SITE.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not	System	29 Jul 2020 15:09:13
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2020-07-29T11:08:36', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '75fd46ad-7ebe-4fe8-8e8c-aef09b0e356e'		
User entered 'None (1)'	System	29 Jul 2020 15:09:13

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(1/1)

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-29T11:08:48', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '75fd46ad-7ebe-4fe8-8e8c-aef09b0e356e'	System	29 Jul 2020 15:09:13
User entered 'No (N)'	System	29 Jul 2020 15:09:13

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(1/1)

Generated On: 11 Aug 2021 21:56:25

Is there any SWELLING/HARDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-29T11:08:52', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '75fd46ad-7ebe-4fe8-8e8c-aef09b0e356e'	System	29 Jul 2020 15:09:13
User entered 'No (N)'	System	29 Jul 2020 15:09:13

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(1/1)

Generated On: 11 Aug 2021 21:56:25

Please record - UNDERARM GLAND SWELLING OR TENDERNESS.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not	System	29 Jul 2020 15:09:13
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2020-07-29T11:08:57', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '75fd46ad-7ebe-4fe8-8e8c-aef09b0e356e'		
User entered 'None (1)'	System	29 Jul 2020 15:09:13

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(1/1)

Generated On: 11 Aug 2021 21:56:25

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-29T11:09:02', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '75fd46ad-7ebe-4fe8-8e8c-aef09b0e356e'	System	29 Jul 2020 15:09:13
User entered '29 Jul 2020 11:09'	System	29 Jul 2020 15:09:13

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(1/1)

Generated On: 11 Aug 2021 21:56:25

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '29 Jul 2020 10:47'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(1/1)

Generated On: 11 Aug 2021 21:56:25

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '29 Jul 2020 13:17'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(1/2)

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
Data entry locked.	System	29 Jul 2020 15:02:16
User entered 'Day 1, after vaccination (at home)'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(1/2)

Generated On: 11 Aug 2021 21:56:25

Please record - PAIN AT INJECTION SITE.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not	System	30 Jul 2020 00:15:03
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2020-07-29T20:14:22', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '8701e66a-2f16-4569-941e-db9ef9a39270'		
User entered 'None (1)'	System	30 Jul 2020 00:15:03

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(1/2)

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-29T20:14:42', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '8701e66a-2f16-4569-941e-db9ef9a39270'	System	30 Jul 2020 00:15:03
User entered 'No (N)'	System	30 Jul 2020 00:15:03

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(1/2)

Generated On: 11 Aug 2021 21:56:25

Is there any SWELLING/HARDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-29T20:14:48', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '8701e66a-2f16-4569-941e-db9ef9a39270'	System	30 Jul 2020 00:15:03
User entered 'No (N)'	System	30 Jul 2020 00:15:03

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(1/2)

Generated On: 11 Aug 2021 21:56:25

Please record - UNDERARM GLAND SWELLING OR TENDERNESS.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-29T20:14:55', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '8701e66a-2f16-4569-941e-db9ef9a39270'	System	30 Jul 2020 00:15:03
User entered 'None (1)'	System	30 Jul 2020 00:15:03

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(1/2)

Generated On: 11 Aug 2021 21:56:25

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-29T20:14:59', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '8701e66a-2f16-4569-941e-db9ef9a39270'	System	30 Jul 2020 00:15:03
User entered '29 Jul 2020 20:14'	System	30 Jul 2020 00:15:03

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(1/2)

Generated On: 11 Aug 2021 21:56:25

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '29 Jul 2020 14:12'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(1/2)

Generated On: 11 Aug 2021 21:56:25

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '30 Jul 2020 11:59'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(2)

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
Data entry locked.	System	29 Jul 2020 15:02:16
User entered 'Day 2'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1) Form: Injection Site_Day(2)

Generated On: 11 Aug 2021 21:56:25

Please record - PAIN AT INJECTION SITE.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not	System	30 Jul 2020 19:19:51
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2020-07-30T15:19:13', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '9d3bf0ce-1a19-454e-aeb1-3e14ade7bb53'		
User entered 'Does not interfere with activity (2)'	System	30 Jul 2020 19:19:51

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(2)

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-30T15:19:17', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '9d3bf0ce-1a19-454e-aeb1-3e14ade7bb53'	System	30 Jul 2020 19:19:51
User entered 'No (N)'	System	30 Jul 2020 19:19:51

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(2)

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-30T15:19:26', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '9d3bf0ce-1a19-454e-aeb1-3e14ade7bb53'	System	30 Jul 2020 19:19:51
User entered 'No (N)'	System	30 Jul 2020 19:19:51

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(2)

Generated On: 11 Aug 2021 21:56:25

Please record - UNDERARM GLAND SWELLING OR TENDERNESS.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-30T15:19:37', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '9d3bf0ce-1a19-454e-aeb1-3e14ade7bb53'	System	30 Jul 2020 19:19:51
User entered 'None (1)'	System	30 Jul 2020 19:19:51

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(2)

Generated On: 11 Aug 2021 21:56:25

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-30T15:19:46', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '9d3bf0ce-1a19-454e-aeb1-3e14ade7bb53'	System	30 Jul 2020 19:19:51
User entered '30 Jul 2020 15:19'	System	30 Jul 2020 19:19:51

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(2)

Generated On: 11 Aug 2021 21:56:25

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '30 Jul 2020 12:00'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(2)

Generated On: 11 Aug 2021 21:56:25

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '31 Jul 2020 11:59'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(3)

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
Data entry locked.	System	29 Jul 2020 15:02:16
User entered 'Day 3'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1) Form: Injection Site_Day(3)

Generated On: 11 Aug 2021 21:56:25

Please record - PAIN AT INJECTION SITE.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not	System	31 Jul 2020 22:23:07
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2020-07-31T18:22:33', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '1d97ed1c-6b8a-46d6-8fab-05ea81fe7925'		
User entered 'Does not interfere with activity (2)'	System	31 Jul 2020 22:23:07

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(3)

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-31T18:22:44', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '1d97ed1c-6b8a-46d6-8fab-05ea81fe7925'	System	31 Jul 2020 22:23:07
User entered 'No (N)'	System	31 Jul 2020 22:23:07

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(3)

Generated On: 11 Aug 2021 21:56:25

Is there any SWELLING/HARDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-31T18:22:54', User OID:		31 Jul 2020 22:23:07
'PatientReportedOutcome (US3022021)', ODM File OID: '1d97ed1c-6b8a-46d6-8fab-05ea81fe7925' User entered 'No (N)'	System	31 Jul 2020 22:23:07

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(3)

Generated On: 11 Aug 2021 21:56:25

Please record - UNDERARM GLAND SWELLING OR TENDERNESS.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-31T18:22:58', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '1d97ed1c-6b8a-46d6-8fab-05ea81fe7925'	System	31 Jul 2020 22:23:07
User entered 'None (1)'	System	31 Jul 2020 22:23:07

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(3)

Generated On: 11 Aug 2021 21:56:25

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-31T18:23:05', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '1d97ed1c-6b8a-46d6-8fab-05ea81fe7925'	System	31 Jul 2020 22:23:07
User entered '31 Jul 2020 18:23'	System	31 Jul 2020 22:23:07

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(3)

Generated On: 11 Aug 2021 21:56:25

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '31 Jul 2020 12:00'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(3)

Generated On: 11 Aug 2021 21:56:25

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '01 Aug 2020 11:59'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(4)

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
Data entry locked.	System	29 Jul 2020 15:02:16
User entered 'Day 4'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1) Form: Injection Site_Day(4)

Generated On: 11 Aug 2021 21:56:25

Please record - PAIN AT INJECTION SITE.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not	System	01 Aug 2020 16:30:09
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2020-08-01T12:29:57', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: 'fec92592-19d4-4492-a17d-c009a0075c55'		
User entered 'Does not interfere with activity (2)'	System	01 Aug 2020 16:30:09

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(4)

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-01T12:30:00', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: 'fec92592-19d4-4492-a17d-c009a0075c55'	System	01 Aug 2020 16:30:09
User entered 'No (N)'	System	01 Aug 2020 16:30:09

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(4)

Generated On: 11 Aug 2021 21:56:25

Is there any SWELLING/HARDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not	System	01 Aug 2020 16:30:09
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2020-08-01T12:30:02', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: 'fec92592-19d4-4492-a17d-c009a0075c55'		
User entered 'No (N)'	System	01 Aug 2020 16:30:09

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(4)

Generated On: 11 Aug 2021 21:56:25

Please record - UNDERARM GLAND SWELLING OR TENDERNESS.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not	System	01 Aug 2020 16:30:09
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2020-08-01T12:30:04', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: 'fec92592-19d4-4492-a17d-c009a0075c55'		
User entered 'None (1)'	System	01 Aug 2020 16:30:09

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(4)

Generated On: 11 Aug 2021 21:56:25

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-01T12:30:07', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: 'fec92592-19d4-4492-a17d-c009a0075c55'	System	01 Aug 2020 16:30:09
User entered '01 Aug 2020 12:30'	System	01 Aug 2020 16:30:09

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(4)

Generated On: 11 Aug 2021 21:56:25

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '01 Aug 2020 12:00'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(4)

Generated On: 11 Aug 2021 21:56:25

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '02 Aug 2020 11:59'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(5)

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
Data entry locked.	System	29 Jul 2020 15:02:16
User entered 'Day 5'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1) Form: Injection Site_Day(5)

Generated On: 11 Aug 2021 21:56:25
Please record - PAIN AT INJECTION SITE.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-02T14:45:36', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: 'e7434eb1-f1e7-4e7e-8507-7298aea8cea1'	System	02 Aug 2020 18:45:53
User entered 'None (1)'	System	02 Aug 2020 18:45:53

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(5)

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-02T14:45:39', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: 'e7434eb1-f1e7-4e7e-8507-7298aea8cea1'	System	02 Aug 2020 18:45:53
User entered 'No (N)'	System	02 Aug 2020 18:45:53

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(5)

Generated On: 11 Aug 2021 21:56:25

Is there any SWELLING/HARDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice	System	02 Aug 2020 18:45:53
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2020-08-02T14:45:41', User OID: 'PatientReportedOutcome (US3022021)', ODM File		
OID: 'e7434eb1-f1e7-4e7e-8507-7298aea8cea1'		
User entered 'No (N)'	System	02 Aug 2020 18:45:53

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(5)

Generated On: 11 Aug 2021 21:56:25

Please record - UNDERARM GLAND SWELLING OR TENDERNESS.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-02T14:45:43', User OID: 'PatientReportedOutcome (US3022021)', ODM File	System	02 Aug 2020 18:45:53
OID: 'e7434eb1-f1e7-4e7e-8507-7298aea8cea1' User entered 'None (1)'	System	02 Aug 2020 18:45:53

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(5)

Generated On: 11 Aug 2021 21:56:25

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-02T14:45:49', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: 'e7434eb1-f1e7-4e7e-8507-7298aea8cea1'	System	02 Aug 2020 18:45:53
User entered '02 Aug 2020 14:45'	System	02 Aug 2020 18:45:53

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(5)

Generated On: 11 Aug 2021 21:56:25

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '02 Aug 2020 12:00'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(5)

Generated On: 11 Aug 2021 21:56:25

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '03 Aug 2020 11:59'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(6)

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
Data entry locked.	System	29 Jul 2020 15:02:16
User entered 'Day 6'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1) Form: Injection Site_Day(6)

Generated On: 11 Aug 2021 21:56:25

Please record - PAIN AT INJECTION SITE.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not	System	03 Aug 2020 17:51:44
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2020-08-03T13:51:30', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '55fec870-d3c1-418d-b6e3-716bb073e574'		
User entered 'None (1)'	System	03 Aug 2020 17:51:44

Folder: Diary Dose 1 (1) Form: Injection Site_Day(6)

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not	System	03 Aug 2020 17:51:44
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2020-08-03T13:51:34', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '55fec870-d3c1-418d-b6e3-716bb073e574'		
User entered 'No (N)'	System	03 Aug 2020 17:51:44

Folder: Diary Dose 1 (1) Form: Injection Site_Day(6)

Generated On: 11 Aug 2021 21:56:25

Is there any SWELLING/HARDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-03T13:51:37', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '55fec870-d3c1-418d-b6e3-716bb073e574'	System	03 Aug 2020 17:51:44
User entered 'No (N)'	System	03 Aug 2020 17:51:44

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(6)

Generated On: 11 Aug 2021 21:56:25

Please record - UNDERARM GLAND SWELLING OR TENDERNESS.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice	System	03 Aug 2020 17:51:44
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2020-08-03T13:51:39', User OID:		
'PatientReportedOutcome (US3022021)', ODM File OID: '55fec870-d3c1-418d-b6e3-716bb073e574'		
User entered 'None (1)'	System	03 Aug 2020 17:51:44

Folder: Diary Dose 1 (1) Form: Injection Site_Day(6)

Generated On: 11 Aug 2021 21:56:25

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-03T13:51:42', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '55fec870-d3c1-418d-b6e3-716bb073e574'	System	03 Aug 2020 17:51:44
User entered '03 Aug 2020 13:51'	System	03 Aug 2020 17:51:44

Folder: Diary Dose 1 (1) Form: Injection Site_Day(6)

Generated On: 11 Aug 2021 21:56:25

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '03 Aug 2020 12:00'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1) Form: Injection Site_Day(6)

Generated On: 11 Aug 2021 21:56:25

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '04 Aug 2020 11:59'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(7)

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
Data entry locked.	System	29 Jul 2020 15:02:16
User entered 'Day 7'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1) Form: Injection Site_Day(7)

Generated On: 11 Aug 2021 21:56:25
Please record - PAIN AT INJECTION SITE.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-04T12:26:24', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '43e2906c-9809-4f4c-91a0-8a339598ce9f'	System	04 Aug 2020 16:26:36
User entered 'None (1)'	System	04 Aug 2020 16:26:36

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(7)

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-04T12:26:26', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '43e2906c-9809-4f4c-91a0-8a339598ce9f'	System	04 Aug 2020 16:26:36
User entered 'No (N)'	System	04 Aug 2020 16:26:36

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(7)

Generated On: 11 Aug 2021 21:56:25

Is there any SWELLING/HARDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-04T12:26:28', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '43e2906c-9809-4f4c-91a0-8a339598ce9f'	System	04 Aug 2020 16:26:36
User entered 'No (N)'	System	04 Aug 2020 16:26:36

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(7)

Generated On: 11 Aug 2021 21:56:25

Please record - UNDERARM GLAND SWELLING OR TENDERNESS.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-04T12:26:30', User OID: 'PatientReportedOutcome (US3022021)', ODM File	System	04 Aug 2020 16:26:36
OID: '43e ² 906c-9809-4f4c-91a0-8a339598ce9f' User entered 'None (1)'	System	04 Aug 2020 16:26:36

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(7)

Generated On: 11 Aug 2021 21:56:25

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-04T12:26:33', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '43e2906c-9809-4f4c-91a0-8a339598ce9f'	System	04 Aug 2020 16:26:36
User entered '04 Aug 2020 12:26'	System	04 Aug 2020 16:26:36

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(7)

Generated On: 11 Aug 2021 21:56:25

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '04 Aug 2020 12:00'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: Injection Site_Day(7)

Generated On: 11 Aug 2021 21:56:25

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '05 Aug 2020 11:59'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1) Form: General_Day(1/1)

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
Data entry locked.	System	29 Jul 2020 15:02:16
User entered 'Day 1, 30 Minutes after vaccination (at	System	29 Jul 2020 15:02:16
study clinic)'		

Folder: Diary Dose 1 (1)
Form: General_Day(1/1)

Generated On: 11 Aug 2021 21:56:25

HEADACHE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-29T11:09:08', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '18c7c6b0-5a13-4470-933a-0dbf54e72e97'	System	29 Jul 2020 15:09:45
User entered 'None (0)'	System	29 Jul 2020 15:09:45

Folder: Diary Dose 1 (1)
Form: General_Day(1/1)

Generated On: 11 Aug 2021 21:56:25

FATIGUE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-29T11:09:11', User OID: 'PatientReportedOutcome (US3022021)', ODM File		29 Jul 2020 15:09:45
OID: '18c7c6b0-5a13-4470-933a-0dbf54e72e97' User entered 'None (0)'	System	29 Jul 2020 15:09:45

Folder: Diary Dose 1 (1)
Form: General_Day(1/1)

Generated On: 11 Aug 2021 21:56:25 MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-29T11:09:15', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '18c7c6b0-5a13-4470-933a-0dbf54e72e97'	System	29 Jul 2020 15:09:45
User entered 'None (0)'	System	29 Jul 2020 15:09:45

Folder: Diary Dose 1 (1)
Form: General_Day(1/1)

Generated On: 11 Aug 2021 21:56:25 JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not	System	29 Jul 2020 15:09:45
Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2020-07-29T11:09:17', User OID:		
'PatientReportedOutcome (US3022021)', ODM File OID: '18c7c6b0-5a13-4470-933a-0dbf54e72e97'		
User entered 'None (0)'	System	29 Jul 2020 15:09:45

Folder: Diary Dose 1 (1)
Form: General_Day(1/1)

Generated On: 11 Aug 2021 21:56:25

NAUSEA/VOMITING

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-29T11:09:20', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '18c7c6b0-5a13-4470-933a-0dbf54e72e97'	System	29 Jul 2020 15:09:45
User entered 'None (0)'	System	29 Jul 2020 15:09:45

Folder: Diary Dose 1 (1) Form: General_Day(1/1)

Generated On: 11 Aug 2021 21:56:25

CHILLS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not	System	29 Jul 2020 15:09:45
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2020-07-29T11:09:23', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '18c7c6b0-5a13-4470-933a-0dbf54e72e97'		
User entered 'None (0)'	System	29 Jul 2020 15:09:45

Folder: Diary Dose 1 (1) Form: General_Day(1/1)

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not	System	29 Jul 2020 15:09:45
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2020-07-29T11:09:30', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '18c7c6b0-5a13-4470-933a-0dbf54e72e97'		
User entered 'No (N)'	System	29 Jul 2020 15:09:45

Folder: Diary Dose 1 (1)
Form: General_Day(1/1)

Generated On: 11 Aug 2021 21:56:25

PC Time stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-29T11:09:33', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '18c7c6b0-5a13-4470-933a-0dbf54e72e97'	System	29 Jul 2020 15:09:45
User entered '29 Jul 2020 11:09'	System	29 Jul 2020 15:09:45

Folder: Diary Dose 1 (1)
Form: General_Day(1/1)

Generated On: 11 Aug 2021 21:56:25

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '29 Jul 2020 10:47'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: General_Day(1/1)

Generated On: 11 Aug 2021 21:56:25

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '29 Jul 2020 13:17'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1) Form: General_Day(1/2)

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
Data entry locked.	System	29 Jul 2020 15:02:16
User entered 'Day 1, after vaccination (at home)'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: General_Day(1/2)

Generated On: 11 Aug 2021 21:56:25

HEADACHE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-29T20:15:08', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: 'ab78b8b3-f614-4067-b3be-1b7636318232'	System	30 Jul 2020 00:15:44
User entered 'None (0)'	System	30 Jul 2020 00:15:44

Folder: Diary Dose 1 (1)
Form: General_Day(1/2)

Generated On: 11 Aug 2021 21:56:25

FATIGUE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-29T20:15:12', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: 'ab78b8b3-f614-4067-b3be-1b7636318232'	System	30 Jul 2020 00:15:44
User entered 'None (0)'	System	30 Jul 2020 00:15:44

Folder: Diary Dose 1 (1)
Form: General_Day(1/2)

Generated On: 11 Aug 2021 21:56:25 MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-29T20:15:15', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: 'ab78b8b3-f614-4067-b3be-1b7636318232'	System	30 Jul 2020 00:15:44
User entered 'None (0)'	System	30 Jul 2020 00:15:44

Folder: Diary Dose 1 (1) Form: General_Day(1/2)

Generated On: 11 Aug 2021 21:56:25 JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not	System	30 Jul 2020 00:15:44
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2020-07-29T20:15:18', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: 'ab78b8b3-f614-4067-b3be-1b7636318232'		
User entered 'None (0)'	System	30 Jul 2020 00:15:44

Folder: Diary Dose 1 (1)
Form: General_Day(1/2)

Generated On: 11 Aug 2021 21:56:25

NAUSEA/VOMITING

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-29T20:15:21', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: 'ab78b8b3-f614-4067-b3be-1b7636318232'	System	30 Jul 2020 00:15:44
User entered 'None (0)'	System	30 Jul 2020 00:15:44

Folder: Diary Dose 1 (1)
Form: General_Day(1/2)

Generated On: 11 Aug 2021 21:56:25

CHILLS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-29T20:15:25', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: 'ab78b8b3-f614-4067-b3be-1b7636318232'	System	30 Jul 2020 00:15:44
User entered 'None (0)'	System	30 Jul 2020 00:15:44

Folder: Diary Dose 1 (1) Form: General_Day(1/2)

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-29T20:15:28', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: 'ab78b8b3-f614-4067-b3be-1b7636318232'	System	30 Jul 2020 00:15:44
User entered 'No (N)'	System	30 Jul 2020 00:15:44

Folder: Diary Dose 1 (1)
Form: General_Day(1/2)

Generated On: 11 Aug 2021 21:56:25

PC Time stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-29T20:15:39', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: 'ab78b8b3-f614-4067-b3be-1b7636318232'	System	30 Jul 2020 00:15:44
User entered '29 Jul 2020 20:15'	System	30 Jul 2020 00:15:44

Folder: Diary Dose 1 (1) Form: General_Day(1/2)

Generated On: 11 Aug 2021 21:56:25

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '29 Jul 2020 14:12'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1) Form: General_Day(1/2)

Generated On: 11 Aug 2021 21:56:25

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '30 Jul 2020 11:59'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: General_Day(2)

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
Data entry locked.	System	29 Jul 2020 15:02:16
User entered 'Day 2'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: General_Day(2)

Generated On: 11 Aug 2021 21:56:25

HEADACHE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-30T15:20:00', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '0d53ca88-672c-41f2-8268-dadc74b33f8e'	System	30 Jul 2020 19:20:45
User entered 'No interference with activity (1)'	System	30 Jul 2020 19:20:45

Folder: Diary Dose 1 (1)
Form: General_Day(2)

Generated On: 11 Aug 2021 21:56:25

FATIGUE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-30T15:20:05', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '0d53ca88-672c-41f2-8268-dadc74b33f8e'	System	30 Jul 2020 19:20:45
User entered 'None (0)'	System	30 Jul 2020 19:20:45

Folder: Diary Dose 1 (1) Form: General_Day(2)

Generated On: 11 Aug 2021 21:56:25 MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-30T15:20:13', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '0d53ca88-672c-41f2-8268-dadc74b33f8e'	System	30 Jul 2020 19:20:45
User entered 'None (0)'	System	30 Jul 2020 19:20:45

Folder: Diary Dose 1 (1)
Form: General_Day(2)

Generated On: 11 Aug 2021 21:56:25 JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-30T15:20:16', User OID: 'PatientReportedOutcome (US3022021)', ODM File	System	30 Jul 2020 19:20:45
OID: '0d53ca88-672c-41f2-8268-dadc74b33f8e' User entered 'None (0)'	System	30 Jul 2020 19:20:45

Folder: Diary Dose 1 (1)
Form: General_Day(2)

Generated On: 11 Aug 2021 21:56:25

NAUSEA/VOMITING

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-30T15:20:20', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '0d53ca88-672c-41f2-8268-dadc74b33f8e'	System	30 Jul 2020 19:20:45
User entered 'None (0)'	System	30 Jul 2020 19:20:45

Folder: Diary Dose 1 (1)
Form: General_Day(2)

Generated On: 11 Aug 2021 21:56:25

CHILLS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not	System	30 Jul 2020 19:20:45
Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2020-07-30T15:20:23', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '0d53ca88-672c-41f2-8268-dadc74b33f8e'		
User entered 'None (0)'	System	30 Jul 2020 19:20:45

Folder: Diary Dose 1 (1) Form: General_Day(2)

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-30T15:20:33', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '0d53ca88-672c-41f2-8268-dadc74b33f8e'		30 Jul 2020 19:20:45
User entered 'No (N)'	System	30 Jul 2020 19:20:45

Folder: Diary Dose 1 (1)
Form: General_Day(2)

Generated On: 11 Aug 2021 21:56:25

PC Time stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-30T15:20:43', User OID:	System	30 Jul 2020 19:20:45
'PatientReportedOutcome (US3022021)', ODM File OID: '0d53ca88-672c-41f2-8268-dadc74b33f8e'		
User entered '30 Jul 2020 15:20'	System	30 Jul 2020 19:20:45

Folder: Diary Dose 1 (1) Form: General_Day(2)

Generated On: 11 Aug 2021 21:56:25

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '30 Jul 2020 12:00'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: General_Day(2)

Generated On: 11 Aug 2021 21:56:25

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '31 Jul 2020 11:59'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: General_Day(3)

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
Data entry locked.	System	29 Jul 2020 15:02:16
User entered 'Day 3'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: General_Day(3)

Generated On: 11 Aug 2021 21:56:25

HEADACHE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-31T18:23:21', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '26767490-d40e-4c05-aced-69f16abe2441'	System	31 Jul 2020 22:23:53
User entered 'None (0)'	System	31 Jul 2020 22:23:53

Folder: Diary Dose 1 (1)
Form: General_Day(3)

Generated On: 11 Aug 2021 21:56:25

FATIGUE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-31T18:23:24', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '26767490-d40e-4c05-aced-69f16abe2441'	System	31 Jul 2020 22:23:53
User entered 'None (0)'	System	31 Jul 2020 22:23:53

Folder: Diary Dose 1 (1) Form: General_Day(3)

Generated On: 11 Aug 2021 21:56:25 MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-31T18:23:27', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '26767490-d40e-4c05-aced-69f16abe2441'	System	31 Jul 2020 22:23:53
User entered 'None (0)'	System	31 Jul 2020 22:23:53

Folder: Diary Dose 1 (1)
Form: General_Day(3)

Generated On: 11 Aug 2021 21:56:25 JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-31T18:23:30', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '26767490-d40e-4c05-aced-69f16abe2441'	System	31 Jul 2020 22:23:53
User entered 'None (0)'	System	31 Jul 2020 22:23:53

Folder: Diary Dose 1 (1)
Form: General_Day(3)

Generated On: 11 Aug 2021 21:56:25

NAUSEA/VOMITING

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-31T18:23:32', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '26767490-d40e-4c05-aced-69f16abe2441'	System	31 Jul 2020 22:23:53
User entered 'None (0)'	System	31 Jul 2020 22:23:53

Folder: Diary Dose 1 (1)
Form: General_Day(3)

Generated On: 11 Aug 2021 21:56:25

CHILLS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice	System	31 Jul 2020 22:23:53
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-31T18:23:36', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '26767490-d40e-4c05-aced-69f16abe2441' User entered 'None (0)'	System	31 Jul 2020 22:23:53

Folder: Diary Dose 1 (1) Form: General_Day(3)

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-07-31T18:23:39', User OID: 'PatientReportedOutcome (US3022021)', ODM File	System	31 Jul 2020 22:23:53
OID: '26767490-d40e-4c05-aced-69f16abe2441' User entered 'No (N)'	System	31 Jul 2020 22:23:53

Folder: Diary Dose 1 (1)
Form: General_Day(3)

Generated On: 11 Aug 2021 21:56:25

PC Time stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not	System	31 Jul 2020 22:23:53
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2020-07-31T18:23:50', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '26767490-d40e-4c05-aced-69f16abe2441'		
User entered '31 Jul 2020 18:23'	System	31 Jul 2020 22:23:53

Folder: Diary Dose 1 (1) Form: General_Day(3)

Generated On: 11 Aug 2021 21:56:25

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '31 Jul 2020 12:00'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: General_Day(3)

Generated On: 11 Aug 2021 21:56:25

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '01 Aug 2020 11:59'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: General_Day(4)

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
Data entry locked.	System	29 Jul 2020 15:02:16
User entered 'Day 4'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: General_Day(4)

Generated On: 11 Aug 2021 21:56:25

HEADACHE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-01T12:30:12', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '0c4edfc6-7050-412f-8c9b-2d104f2c57bf'	System	01 Aug 2020 16:30:32
User entered 'None (0)'	System	01 Aug 2020 16:30:32

Folder: Diary Dose 1 (1)
Form: General_Day(4)

Generated On: 11 Aug 2021 21:56:25

FATIGUE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-01T12:30:14', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '0c4edfc6-7050-412f-8c9b-2d104f2c57bf'		01 Aug 2020 16:30:32
User entered 'None (0)'	System	01 Aug 2020 16:30:32

Folder: Diary Dose 1 (1)
Form: General_Day(4)

Generated On: 11 Aug 2021 21:56:25 MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-01T12:30:17', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '0c4edfc6-7050-412f-8c9b-2d104f2c57bf'	System	01 Aug 2020 16:30:32
User entered 'None (0)'	System	01 Aug 2020 16:30:32

Folder: Diary Dose 1 (1)
Form: General_Day(4)

Generated On: 11 Aug 2021 21:56:25 JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-01T12:30:20', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '0c4edfc6-7050-412f-8c9b-2d104f2c57bf'	System	01 Aug 2020 16:30:32
User entered 'None (0)'	System	01 Aug 2020 16:30:32

Folder: Diary Dose 1 (1)
Form: General_Day(4)

Generated On: 11 Aug 2021 21:56:25

NAUSEA/VOMITING

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-01T12:30:22', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '0c4edfc6-7050-412f-8c9b-2d104f2c57bf'	System	01 Aug 2020 16:30:32
User entered 'None (0)'	System	01 Aug 2020 16:30:32

Folder: Diary Dose 1 (1)
Form: General_Day(4)

Generated On: 11 Aug 2021 21:56:25

CHILLS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-01T12:30:24', User OID: 'PatientReportedOutcome (US3022021)', ODM File	System	01 Aug 2020 16:30:32
OID: '0c4edfc6-7050-412f-8c9b-2d104f2c57bf' User entered 'None (0)'	System	01 Aug 2020 16:30:32

Folder: Diary Dose 1 (1) Form: General_Day(4)

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-01T12:30:28', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '0c4edfc6-7050-412f-8c9b-2d104f2c57bf'	System	01 Aug 2020 16:30:32
User entered 'No (N)'	System	01 Aug 2020 16:30:32

Folder: Diary Dose 1 (1)
Form: General_Day(4)

Generated On: 11 Aug 2021 21:56:25

PC Time stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-01T12:30:31', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '0c4edfc6-7050-412f-8c9b-2d104f2c57bf'	System	01 Aug 2020 16:30:32
User entered '01 Aug 2020 12:30'	System	01 Aug 2020 16:30:32

Folder: Diary Dose 1 (1)
Form: General_Day(4)

Generated On: 11 Aug 2021 21:56:25

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '01 Aug 2020 12:00'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: General_Day(4)

Generated On: 11 Aug 2021 21:56:25

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '02 Aug 2020 11:59'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: General_Day(5)

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
Data entry locked.	System	29 Jul 2020 15:02:16
User entered 'Day 5'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: General_Day(5)

Generated On: 11 Aug 2021 21:56:25

HEADACHE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-02T14:45:54', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '3d6187ea-3d90-4590-ada2-a141f97d977f'	System	02 Aug 2020 18:46:28
User entered 'None (0)'	System	02 Aug 2020 18:46:28

Folder: Diary Dose 1 (1)
Form: General_Day(5)

Generated On: 11 Aug 2021 21:56:25

FATIGUE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-02T14:45:58', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '3d6187ea-3d90-4590-ada2-a141f97d977f'	System	02 Aug 2020 18:46:28
User entered 'None (0)'	System	02 Aug 2020 18:46:28

Folder: Diary Dose 1 (1)
Form: General_Day(5)

Generated On: 11 Aug 2021 21:56:25 MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-02T14:46:00', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '3d6187ea-3d90-4590-ada2-a141f97d977f'	System	02 Aug 2020 18:46:28
User entered 'None (0)'	System	02 Aug 2020 18:46:28

Folder: Diary Dose 1 (1)
Form: General_Day(5)

Generated On: 11 Aug 2021 21:56:25 JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-02T14:46:02', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '3d6187ea-3d90-4590-ada2-a141f97d977f'	System	02 Aug 2020 18:46:28
User entered 'None (0)'	System	02 Aug 2020 18:46:28

Folder: Diary Dose 1 (1)
Form: General_Day(5)

Generated On: 11 Aug 2021 21:56:25

NAUSEA/VOMITING

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-02T14:46:05', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '3d6187ea-3d90-4590-ada2-a141f97d977f'	System	02 Aug 2020 18:46:28
User entered 'None (0)'	System	02 Aug 2020 18:46:28

Folder: Diary Dose 1 (1)
Form: General_Day(5)

Generated On: 11 Aug 2021 21:56:25

CHILLS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-02T14:46:07', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '3d6187ea-3d90-4590-ada2-a141f97d977f'	System	02 Aug 2020 18:46:28
User entered 'None (0)'	System	02 Aug 2020 18:46:28

Folder: Diary Dose 1 (1) Form: General_Day(5)

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-02T14:46:12', User OID:	System	02 Aug 2020 18:46:28
'PatientReportedOutcome (US3022021)', ODM File OID: '3d6187ea-3d90-4590-ada2-a141f97d977f' User entered 'No (N)'	System	02 Aug 2020 18:46:28

Folder: Diary Dose 1 (1)
Form: General_Day(5)

Generated On: 11 Aug 2021 21:56:25

PC Time stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-02T14:46:27', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '3d6187ea-3d90-4590-ada2-a141f97d977f'	System	02 Aug 2020 18:46:28
User entered '02 Aug 2020 14:46'	System	02 Aug 2020 18:46:28

Folder: Diary Dose 1 (1) Form: General_Day(5)

Generated On: 11 Aug 2021 21:56:25

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '02 Aug 2020 12:00'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: General_Day(5)

Generated On: 11 Aug 2021 21:56:25

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '03 Aug 2020 11:59'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: General_Day(6)

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
Data entry locked.	System	29 Jul 2020 15:02:16
User entered 'Day 6'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: General_Day(6)

Generated On: 11 Aug 2021 21:56:25

HEADACHE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-03T13:51:47', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '23be3356-ae62-406d-ab99-445666418277'	System	03 Aug 2020 17:52:12
User entered 'None (0)'	System	03 Aug 2020 17:52:12

Folder: Diary Dose 1 (1)
Form: General_Day(6)

Generated On: 11 Aug 2021 21:56:25

FATIGUE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-03T13:51:50', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '23be3356-ae62-406d-ab99-445666418277'		03 Aug 2020 17:52:12
User entered 'None (0)'	System	03 Aug 2020 17:52:12

Folder: Diary Dose 1 (1)
Form: General_Day(6)

Generated On: 11 Aug 2021 21:56:25 MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-03T13:51:52', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '23be3356-ae62-406d-ab99-445666418277'	System	03 Aug 2020 17:52:12
User entered 'None (0)'	System	03 Aug 2020 17:52:12

Folder: Diary Dose 1 (1)
Form: General_Day(6)

Generated On: 11 Aug 2021 21:56:25 JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-03T13:51:55', User OID: 'PatientReportedOutcome (US3022021)', ODM File		03 Aug 2020 17:52:12
OID: '23be3356-ae62-406d-ab99-445666418277' User entered 'None (0)'	System	03 Aug 2020 17:52:12

Folder: Diary Dose 1 (1)
Form: General_Day(6)

Generated On: 11 Aug 2021 21:56:25

NAUSEA/VOMITING

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-03T13:51:57', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '23be3356-ae62-406d-ab99-445666418277'	System	03 Aug 2020 17:52:12
User entered 'None (0)'	System	03 Aug 2020 17:52:12

Folder: Diary Dose 1 (1)
Form: General_Day(6)

Generated On: 11 Aug 2021 21:56:25

CHILLS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-03T13:51:59', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '23be3356-ae62-406d-ab99-445666418277'	System	03 Aug 2020 17:52:12
User entered 'None (0)'	System	03 Aug 2020 17:52:12

Folder: Diary Dose 1 (1) Form: General_Day(6)

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-03T13:52:02', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '23be3356-ae62-406d-ab99-445666418277'	System	03 Aug 2020 17:52:12
User entered 'No (N)'	System	03 Aug 2020 17:52:12

Folder: Diary Dose 1 (1)
Form: General_Day(6)

Generated On: 11 Aug 2021 21:56:25

PC Time stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-03T13:52:10', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '23be3356-ae62-406d-ab99-445666418277'	System	03 Aug 2020 17:52:12
User entered '03 Aug 2020 13:52'	System	03 Aug 2020 17:52:12

Folder: Diary Dose 1 (1) Form: General_Day(6)

Generated On: 11 Aug 2021 21:56:25

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '03 Aug 2020 12:00'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: General_Day(6)

Generated On: 11 Aug 2021 21:56:25

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '04 Aug 2020 11:59'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: General_Day(7)

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
Data entry locked.	System	29 Jul 2020 15:02:16
User entered 'Day 7'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: General_Day(7)

Generated On: 11 Aug 2021 21:56:25

HEADACHE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-04T12:26:37', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '2684a8fc-4ba8-4367-b7d0-1ec805c3ca7a'	System	04 Aug 2020 16:27:01
User entered 'None (0)'	System	04 Aug 2020 16:27:01

Folder: Diary Dose 1 (1)
Form: General_Day(7)

Generated On: 11 Aug 2021 21:56:25

FATIGUE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-04T12:26:39', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '2684a8fc-4ba8-4367-b7d0-1ec805c3ca7a'	System	04 Aug 2020 16:27:01
User entered 'None (0)'	System	04 Aug 2020 16:27:01

Folder: Diary Dose 1 (1)
Form: General_Day(7)

Generated On: 11 Aug 2021 21:56:25 MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-04T12:26:42', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '2684a8fc-4ba8-4367-b7d0-1ec805c3ca7a'	System	04 Aug 2020 16:27:01
User entered 'None (0)'	System	04 Aug 2020 16:27:01

Folder: Diary Dose 1 (1)
Form: General_Day(7)

Generated On: 11 Aug 2021 21:56:25 JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-04T12:26:44', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '2684a8fc-4ba8-4367-b7d0-1ec805c3ca7a'	System	04 Aug 2020 16:27:01
User entered 'None (0)'	System	04 Aug 2020 16:27:01

Folder: Diary Dose 1 (1)
Form: General_Day(7)

Generated On: 11 Aug 2021 21:56:25

NAUSEA/VOMITING

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-04T12:26:46', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '2684a8fc-4ba8-4367-b7d0-1ec805c3ca7a'	System	04 Aug 2020 16:27:01
User entered 'None (0)'	System	04 Aug 2020 16:27:01

Folder: Diary Dose 1 (1)
Form: General_Day(7)

Generated On: 11 Aug 2021 21:56:25

CHILLS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-04T12:26:48', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '2684a8fc-4ba8-4367-b7d0-1ec805c3ca7a'	System	04 Aug 2020 16:27:01
User entered 'None (0)'	System	04 Aug 2020 16:27:01

Folder: Diary Dose 1 (1) Form: General_Day(7)

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-04T12:26:53', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '2684a8fc-4ba8-4367-b7d0-1ec805c3ca7a'	System	04 Aug 2020 16:27:01
User entered 'No (N)'	System	04 Aug 2020 16:27:01

Folder: Diary Dose 1 (1)
Form: General_Day(7)

Generated On: 11 Aug 2021 21:56:25

PC Time stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-08-04T12:26:59', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '2684a8fc-4ba8-4367-b7d0-1ec805c3ca7a'	System	04 Aug 2020 16:27:01
User entered '04 Aug 2020 12:26'	System	04 Aug 2020 16:27:01

Folder: Diary Dose 1 (1) Form: General_Day(7)

Generated On: 11 Aug 2021 21:56:25

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '04 Aug 2020 12:00'	System	29 Jul 2020 15:02:16

Folder: Diary Dose 1 (1)
Form: General_Day(7)

Generated On: 11 Aug 2021 21:56:25

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
User entered '05 Aug 2020 11:59'	System	29 Jul 2020 15:02:16

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	06 Aug 2020 13:47:10

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User closed query 'Per CDM: Visits Safety Call Day 8 and Safety Call Day 36 are both dated 06AUG2020, however it is not possible for these two visits to be on the same day per the schedule of events. Please confirm the date for each visit or amend one of them to 'No' if it was not completed. ' (Site from DM).		01 Apr 2021 05:07:01
Query 'Per CDM: Visits Safety Call Day 8 and Safet Call Day 36 are both dated 06AUG2020, however it is not possible for these two visits to be on the same day per the schedule of events. Please confirm the date for each visit or amend one of them to 'No' if it was not completed. 'answered with 'updated' (Site from DM).	. , , , , , ,	31 Mar 2021 14:49:34
User opened query 'Per CDM: Visits Safety Call Day 8 and Safety Call Day 36 are both dated 06AUG2020, however it is not possible for these two visits to be on the same day per the schedule of events. Please confirm the date for each visit or amend one of them to 'No' if it was not completed. ' (Site from DM).		25 Mar 2021 21:14:16
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '06 Aug 2020'	Shanice Bennett (b) (4) (b) (4)	06 Aug 2020 13:47:10

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Contact Made (CONTACT MADE)'	Shanice Bennett (b) (4) (b) (4)	06 Aug 2020 13:47:10

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Comments

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	Shanice Bennett (b) (4) (b) (4)	06 Aug 2020 13:47:10

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 11 Aug 2021 21:56:25
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	06 Aug 2020 13:47:14

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 11 Aug 2021 21:56:25

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered '1'	System	06 Aug 2020 13:47:14

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	12 Aug 2020 20:30:26

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User closed query 'Per CDM: Visits Safety Call Day 15 and Safety Call Day 43 are both dated 12AUG2020, however it is not possible for these two visits to be on the same day per the schedule of		01 Apr 2021 05:12:44
events. Please confirm the date for each visit or amend one of them to 'No' if it was not completed. ' (Site from DM).	(1.) (4.) (1.) (0.)	01.14 0001 11.00 50
Query 'Per CDM: Visits Safety Call Day 15 and Safety Call Day 43 are both dated 12AUG2020,	(b) (4), (b) (6)	31 Mar 2021 14:38:58
however it is not possible for these two visits to be o	n	
the same day per the schedule of events. Please	-	
confirm the date for each visit or amend one of them		
to 'No' if it was not completed.		
'answered with 'updated' (Site from DM).		
User opened query 'Per CDM: Visits Safety Call Day	(b) (4), (b) (6)	25 Mar 2021 21:14:56
15 and Safety Call Day 43 are both dated		
12AUG2020, however it is not possible for these two)	
visits to be on the same day per the schedule of events. Please confirm the date for each visit or		
amend one of them to 'No' if it was not completed.		
'(Site from DM).		
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
5	(b) (4)	
User entered '12 Aug 2020'	Shanice Bennett (b) (4) (b) (4)	12 Aug 2020 20:30:26

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'Contact Made (CONTACT MADE)'	Shanice Bennett (b) (4) (b) (4)	12 Aug 2020 20:30:26

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Comments

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered empty.	Shanice Bennett (b) (4) (b) (4)	12 Aug 2020 20:30:26

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 11 Aug 2021 21:56:25
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	12 Aug 2020 20:30:30

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 11 Aug 2021 21:56:25

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered '1'	System	12 Aug 2020 20:30:30

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'Yes (Y)'	(b) (4), (b) (6)	19 Aug 2020 16:15:39

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User closed query 'Per CDM: Visits Safety Call Day 22 and Safety Call Day 50 are both dated 19AUG2020, however it is not possible for these tw visits to be on the same day per the schedule of events. Please confirm the date for each visit or amend one of them to 'No' if it was not completed. ' (Site from DM).		02 Apr 2021 13:24:41
Query 'Per CDM: Visits Safety Call Day 22 and Safety Call Day 50 are both dated 19AUG2020, however it is not possible for these two visits to be of the same day per the schedule of events. Please confirm the date for each visit or amend one of them to 'No' if it was not completed. ' answered with 'updated ' (Site from DM).		31 Mar 2021 14:39:30
User opened query 'Per CDM: Visits Safety Call Da 22 and Safety Call Day 50 are both dated 19AUG2020, however it is not possible for these tw visits to be on the same day per the schedule of events. Please confirm the date for each visit or amend one of them to 'No' if it was not completed. ' (Site from DM).		25 Mar 2021 21:15:30
User signature succeeded. User entered '19 Aug 2020'	Paul Bradley (b) (4) (b) (4) (b) (4), (b) (6)	23 Feb 2021 15:39:21 19 Aug 2020 16:15:39

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	19 Aug 2020 16:15:39

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Comments

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered empty.	(b) (4), (b) (6)	19 Aug 2020 16:15:39

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 11 Aug 2021 21:56:25
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'Yes (Y)'	(b) (4), (b) (6)	19 Aug 2020 16:15:45

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 11 Aug 2021 21:56:25

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered '1'	System	19 Aug 2020 16:15:45

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 11 Aug 2021 21:56:25

Was this visit performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'No (N)'	(b) (4), (b) (6)	08 Oct 2020 14:03:51

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 11 Aug 2021 21:56:25

Visit date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4), (b) (6)	08 Oct 2020 14:03:51

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4), (b) (6)	08 Oct 2020 14:03:51

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 11 Aug 2021 21:56:25

Folder OID

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered 'VISIT2'	System	08 Oct 2020 14:03:51

Folder: Visit 2 Day 29 (1) Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Timepoint

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User accepted default value 'Pre-Dose (PREDOSE)'	(b) (4), (b) (6)	08 Oct 2020 14:04:00

Folder: Visit 2 Day 29 (1) Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Were vital signs assessed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'No (N)'	(b) (4), (b) (6)	08 Oct 2020 14:04:00

Folder: Visit 2 Day 29 (1) Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25 Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4), (b) (6)	08 Oct 2020 14:04:00

Folder: Visit 2 Day 29 (1) Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4), (b) (6)	08 Oct 2020 14:04:00

Folder: Visit 2 Day 29 (1) Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered empty.	System	08 Oct 2020 14:04:00

Folder: Visit 2 Day 29 (1) Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Temperature (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4), (b) (6)	08 Oct 2020 14:04:00

Folder: Visit 2 Day 29 (1) Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Route of measurement

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4), (b) (6)	08 Oct 2020 14:04:00

Folder: Visit 2 Day 29 (1) Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

If Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4), (b) (6)	08 Oct 2020 14:04:00

Folder: Visit 2 Day 29 (1) Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Pulse (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4), (b) (6)	08 Oct 2020 14:04:00

Folder: Visit 2 Day 29 (1) Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Pulse units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered empty.	System	08 Oct 2020 14:04:00

Folder: Visit 2 Day 29 (1) Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Respiratory Rate (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4), (b) (6)	08 Oct 2020 14:04:00

Folder: Visit 2 Day 29 (1) Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Respiratory Rate units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered empty.	System	08 Oct 2020 14:04:00

Folder: Visit 2 Day 29 (1) Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4), (b) (6)	08 Oct 2020 14:04:00

Folder: Visit 2 Day 29 (1) Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Systolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered empty.	System	08 Oct 2020 14:04:00

Folder: Visit 2 Day 29 (1) Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4), (b) (6)	08 Oct 2020 14:04:00

Folder: Visit 2 Day 29 (1) Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Diastolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered empty.	System	08 Oct 2020 14:04:00

Folder: Visit 2 Day 29 (1) Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Timepoint

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User accepted default value 'Post-Dose (POSTDOSE)'	(b) (4), (b) (6)	08 Oct 2020 14:04:00

Folder: Visit 2 Day 29 (1) Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Were vital signs assessed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'No (N)'	(b) (4), (b) (6)	08 Oct 2020 14:04:00

Folder: Visit 2 Day 29 (1) Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25 Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4), (b) (6)	08 Oct 2020 14:04:00

Folder: Visit 2 Day 29 (1) Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Time of assessment	(00:00-23:59)
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Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4), (b) (6)	08 Oct 2020 14:04:00

Folder: Visit 2 Day 29 (1) Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered empty.	System	08 Oct 2020 14:04:00

Folder: Visit 2 Day 29 (1) Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Temperature (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4), (b) (6)	08 Oct 2020 14:04:00

Folder: Visit 2 Day 29 (1) Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Route of measurement

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4), (b) (6)	08 Oct 2020 14:04:00

Folder: Visit 2 Day 29 (1) Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

If Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4), (b) (6)	08 Oct 2020 14:04:00

Folder: Visit 2 Day 29 (1) Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Pulse (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4), (b) (6)	08 Oct 2020 14:04:00

Folder: Visit 2 Day 29 (1) Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Pulse units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered empty.	System	08 Oct 2020 14:04:00

Folder: Visit 2 Day 29 (1) Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Respiratory Rate (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4), (b) (6)	08 Oct 2020 14:04:00

Folder: Visit 2 Day 29 (1) Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Respiratory Rate units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered empty.	System	08 Oct 2020 14:04:00

Folder: Visit 2 Day 29 (1) Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4), (b) (6)	08 Oct 2020 14:04:00

Folder: Visit 2 Day 29 (1) Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Systolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered empty.	System	08 Oct 2020 14:04:00

Folder: Visit 2 Day 29 (1) Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4), (b) (6)	08 Oct 2020 14:04:00

Folder: Visit 2 Day 29 (1) Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Diastolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered empty.	System	08 Oct 2020 14:04:00

Folder: Visit 2 Day 29 (1) Form: Physical Examination

Generated On: 11 Aug 2021 21:56:25 Was the physical examination performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'No (N)'	(b) (4), (b) (6)	08 Oct 2020 14:04:05

Folder: Visit 2 Day 29 (1) Form: Physical Examination

Generated On: 11 Aug 2021 21:56:25 Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4), (b) (6)	08 Oct 2020 14:04:05

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 21:56:25

Was study treatment given?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'No (N)'	(b) (4), (b) (6)	08 Oct 2020 14:04:12

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 21:56:25

If No, reason not given

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User closed query 'Per CDM, re-query: Response is noted. Kindly complete the Dosing Discontinuation	(b) (4), (b) (6)	19 Nov 2020 11:26:14
form as appropriate. Thank you. '(Site from DM). Query 'Per CDM, re-query: Response is noted. Kindly complete the Dosing Discontinuation form as appropriate. Thank you. 'answered with 'updated' (Site from DM).	Shanice Bennett (b) (4) (b) (4)	18 Nov 2020 12:45:48
User opened query 'Per CDM, re-query: Response is noted. Kindly complete the Dosing Discontinuation form as appropriate. Thank you. ' (Site from DM).	(b) (4), (b) (6)	17 Nov 2020 10:44:15
User closed query 'Per CDM: Kindly clarify if the participant is not going to receive further doses from the IP. If confirmed, please complete the dosing discontinuation form as appropriate. Thank you.'	(b) (4), (b) (6)	17 Nov 2020 10:44:15
(Site from DM). Query 'Per CDM: Kindly clarify if the participant is not going to receive further doses from the IP. If confirmed, please complete the dosing discontinuation form as appropriate. Thank you.'	Chevon Roberts (b) (4) (b) (4)	13 Nov 2020 20:21:14
answered with 'SUBJECT WILL NOT RECEIVE THE 2ND VACCINE.' (Site from DM). User opened query 'Per CDM: Kindly clarify if the participant is not going to receive further doses from the IP. If confirmed, please complete the dosing discontinuation form as appropriate. Thank you.'	(b) (4), (b) (6)	13 Nov 2020 14:21:46
(Site from DM). User closed query 'Per CDM: Please clarify if the reason for discontinuation can be as the one from the list. Kindly correct or clarify and update the dosing	(b) (4), (b) (6)	13 Nov 2020 14:19:41
discontinuation form accordingly.' (Site from DM). Query 'Per CDM: Please clarify if the reason for discontinuation can be as the one from the list. Kindly correct or clarify and update the dosing discontinuation form accordingly.' answered with 'the one chosen is one from the list ' (Site from DM).	(b) (4), (b) (6)	12 Nov 2020 13:38:00

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 21:56:25

If No, reason not given

Audit	User	Time (GMT)
User opened query 'Per CDM : Please clarify if the	(b) (4), (b) (6)	09 Nov 2020 12:07:28
reason for discontinuation can be as the one from the		
list. Kindly correct or clarify and update the dosing		
discontinuation form accordingly.' (Site from DM).		
User closed query 'Was study treatment given? is No	, System	08 Oct 2020 14:04:43
however If No, reason not given is not provided.		
Please review and reconcile.' (Site from System).		
User entered 'Physician withheld dose due to	(b) (4), (b) (6)	08 Oct 2020 14:04:43
Adverse Event (PHYSICIAN AE)' reason for		
change: Data Entry Error		
User opened query 'Was study treatment given? is	System	08 Oct 2020 14:04:12
No, however If No, reason not given is not provided.		
Please review and reconcile.' (Site from System).		
User entered empty.	(b) (4), (b) (6)	08 Oct 2020 14:04:12
• •		

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 21:56:25

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

specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4), (b) (6)	08 Oct 2020 14:04:12

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 21:56:25

What was the study treatment?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered empty.	System	08 Oct 2020 14:04:12

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 21:56:25 What was the treatment date? (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4), (b) (6)	08 Oct 2020 14:04:12

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 21:56:25 What was the treatment time? (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4), (b) (6)	08 Oct 2020 14:04:12

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 21:56:25 Treatment Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered empty.	System	08 Oct 2020 14:04:12

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 21:56:25 Which arm was used to give treatment?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4), (b) (6)	08 Oct 2020 14:04:12

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 21:56:25

What was the frequency of the study treatment dosing?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered empty.	System	08 Oct 2020 14:04:12

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 21:56:25

What was the route of administration for the study treatment?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered empty.	System	08 Oct 2020 14:04:12

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 21:56:25

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'No (N)'	(b) (4), (b) (6)	08 Oct 2020 14:04:50

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 21:56:25

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4), (b) (6)	08 Oct 2020 14:04:50

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 21:56:25

Collection time (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4), (b) (6)	08 Oct 2020 14:04:50

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 21:56:25 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered empty.	System	08 Oct 2020 14:04:50

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 11 Aug 2021 21:56:25

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4), (b) (6)	08 Oct 2020 14:04:56

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 11 Aug 2021 21:56:25

Lab Test

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User accepted default value 'Nasopharyngeal Swab 1 (NASAL1)'	(b) (4), (b) (6)	08 Oct 2020 14:04:56

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 11 Aug 2021 21:56:25

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'No (N)'	(b) (4), (b) (6)	08 Oct 2020 14:04:56

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 11 Aug 2021 21:56:25

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4), (b) (6)	08 Oct 2020 14:04:56

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 11 Aug 2021 21:56:25 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered empty.	System	08 Oct 2020 14:04:56

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 11 Aug 2021 21:56:25

Lab Test

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User accepted default value 'Nasopharyngeal Swab 2 (NASAL2)'	(b) (4), (b) (6)	08 Oct 2020 14:04:56

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 11 Aug 2021 21:56:25

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'No (N)'	(b) (4), (b) (6)	08 Oct 2020 14:04:56

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 11 Aug 2021 21:56:25

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4), (b) (6)	08 Oct 2020 14:04:56

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 11 Aug 2021 21:56:25 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered empty.	System	08 Oct 2020 14:04:56

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 11 Aug 2021 21:56:25
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Yes (Y)'	(b) (4), (b) (6)	08 Oct 2020 14:05:01

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 11 Aug 2021 21:56:25

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered '1'	System	08 Oct 2020 14:05:01

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	13 Apr 2021 22:10:24
Signature has been broken.	(b) (4), (b) (6)	31 Mar 2021 14:49:24
User entered 'No (N)' reason for change: Data Entry Error	(b) (4), (b) (6)	31 Mar 2021 14:49:24
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered 'Yes (Y)'	(b) (4) (b) (4), (b) (6)	08 Oct 2020 14:05:25

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	13 Apr 2021 22:10:24
Signature has been broken.	(b) (4), (b) (6)	31 Mar 2021 14:49:24
User entered empty; reason for change Data Entry Error	(b) (4), (b) (6)	31 Mar 2021 14:49:24
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered '06 Aug 2020'	(b) (4), (b) (6)	08 Oct 2020 14:05:25

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	13 Apr 2021 22:10:24
Signature has been broken.	(b) (4), (b) (6)	31 Mar 2021 14:49:24
User entered empty; reason for change Data Entry Error	(b) (4), (b) (6)	31 Mar 2021 14:49:24
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	08 Oct 2020 14:05:25

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Comments

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
Query ' Per CDM Review(RQ):	(b) (4), (b) (6)	09 Apr 2021 07:07:15
Kindly update the comments for contact not made.		
Thanks 'canceled (Site from DM). User opened query '	(b) (4), (b) (6)	09 Apr 2021 07:06:54
Per CDM Review(RQ):	(b) (4), (b) (0)	09 Apr 2021 07.00.34
Kindly update the comments for contact not made. Thanks '(Site from DM).		
User closed query 'Per CDM Review: Response	(b) (4), (b) (6)	09 Apr 2021 07:06:54
noted, however kindly update the comment in the comment section else clarify.' (Site from DM).		
Query 'Per CDM Review: Response noted, however	(b) (4), (b) (6)	07 Apr 2021 18:58:24
kindly update the comment in the comment section		-
else clarify.' answered with 'call was skipped' (Site from DM).		
User opened query 'Per CDM Review: Response	(b) (4), (b) (6)	07 Apr 2021 18:43:24
noted, however kindly update the comment in the	(-) (-) (-)	r
comment section else clarify.' (Site from DM).	(1.) (4) (1.) (0)	07.4 2021.10.42.24
User closed query ' Per CDM: Was Contact Attempted? Is recorded as "No". However please	(b) (4), (b) (6)	07 Apr 2021 18:43:24
provide the reason for contact not made in the		
Comments section. Else clarify.' (Site from DM).		
Query 'Per CDM: Was Contact Attempted? Is	(b) (4), (b) (6)	01 Apr 2021 13:35:34
recorded as "No". However please provide the reaso for contact not made in the Comments section. Else	n	
clarify.' answered with 'it was skipped ' (Site from		
DM).		
User opened query 'Per CDM: Was Contact Attempted? Is recorded as "No". However please	(b) (4), (b) (6)	01 Apr 2021 05:06:43
provide the reason for contact not made in the		
Comments section. Else clarify.' (Site from DM).		
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered empty.	(b) (4) (b) (4), (b) (6)	08 Oct 2020 14:05:25

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 11 Aug 2021 21:56:25
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'Yes (Y)'	(b) (4), (b) (6)	08 Oct 2020 14:05:29

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 11 Aug 2021 21:56:25

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered '1'	System	08 Oct 2020 14:05:29

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	13 Apr 2021 22:10:24
Signature has been broken.	(b) (4), (b) (6)	31 Mar 2021 14:38:47
User entered 'No (N)' reason for change: Data Entry Error	(b) (4), (b) (6)	31 Mar 2021 14:38:47
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Yes (Y)'	(b) (4), (b) (6)	08 Oct 2020 14:05:54

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	13 Apr 2021 22:10:24
Signature has been broken.	(b) (4), (b) (6)	31 Mar 2021 14:38:47
User entered empty; reason for change Data Entry Error	(b) (4), (b) (6)	31 Mar 2021 14:38:47
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '12 Aug 2020'	(b) (4), (b) (6)	08 Oct 2020 14:05:54

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	13 Apr 2021 22:10:24
Signature has been broken.	(b) (4), (b) (6)	31 Mar 2021 14:38:47
User entered empty; reason for change Data Entry Error	(b) (4), (b) (6)	31 Mar 2021 14:38:47
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	08 Oct 2020 14:05:54

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Comments

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User closed query 'Per CDM re-query: Per response however kindly update the comment in comment section else clarify.' (Site from DM).	(b) (4), (b) (6)	09 Apr 2021 07:08:18
Query 'Per CDM re-query: Per response however kindly update the comment in comment section else clarify.' answered with 'call was skipped ' (Site from DM).	(b) (4), (b) (6)	07 Apr 2021 18:59:10
User opened query 'Per CDM re-query: Per response however kindly update the comment in comment section else clarify.' (Site from DM).	(b) (4), (b) (6)	07 Apr 2021 18:45:04
User closed query 'Per CDM: Was Contact Attempted? Is recorded as "No". However please provide the reason for contact not made in the Comments section. Else clarify.' (Site from DM).	(b) (4), (b) (6)	07 Apr 2021 18:45:04
Query 'Per CDM: Was Contact Attempted? Is recorded as "No". However please provide the reason for contact not made in the Comments section. Else clarify.' answered with 'it was skipped' (Site from DM).	(b) (4), (b) (6)	01 Apr 2021 13:36:09
User opened query 'Per CDM: Was Contact Attempted? Is recorded as "No". However please provide the reason for contact not made in the Comments section. Else clarify.' (Site from DM).	(b) (4), (b) (6)	01 Apr 2021 05:07:46
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4), (b) (6)	08 Oct 2020 14:05:54

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 11 Aug 2021 21:56:25
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'Yes (Y)'	(b) (4), (b) (6)	08 Oct 2020 14:05:59

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 11 Aug 2021 21:56:25

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered '1'	System	08 Oct 2020 14:05:59

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	13 Apr 2021 22:10:24
Signature has been broken.	(b) (4), (b) (6)	31 Mar 2021 14:39:16
User entered 'No (N)' reason for change: Data Entry Error	(b) (4), (b) (6)	31 Mar 2021 14:39:16
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Yes (Y)'	(b) (4), (b) (6)	08 Oct 2020 14:06:17

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	13 Apr 2021 22:10:24
Signature has been broken.	(b) (4), (b) (6)	31 Mar 2021 14:39:16
User entered empty; reason for change Data Entry Error	(b) (4), (b) (6)	31 Mar 2021 14:39:16
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '19 Aug 2020'	(b) (4), (b) (6)	08 Oct 2020 14:06:17

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	13 Apr 2021 22:10:24
Signature has been broken.	(b) (4), (b) (6)	31 Mar 2021 14:39:16
User entered empty; reason for change Data Entry Error	(b) (4), (b) (6)	31 Mar 2021 14:39:16
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	08 Oct 2020 14:06:17

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Comments

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4), (b) (6)	08 Oct 2020 14:06:17

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 11 Aug 2021 21:56:25
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Yes (Y)'	(b) (4), (b) (6)	08 Oct 2020 14:06:21

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 11 Aug 2021 21:56:25

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered '1'	System	08 Oct 2020 14:06:21

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 11 Aug 2021 21:56:25

Was this visit performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Yes (Y)'	(b) (4), (b) (6)	08 Oct 2020 14:06:33

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 11 Aug 2021 21:56:25

Visit date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '28 Sep 2020'	(b) (4), (b) (6)	08 Oct 2020 14:06:33

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Clinic (Clinic)'	(b) (4), (b) (6)	08 Oct 2020 14:06:33

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 11 Aug 2021 21:56:25

Folder OID

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered 'VISIT3'	System	08 Oct 2020 14:06:33

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25

Were vital signs assessed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Yes (Y)'	(b) (4), (b) (6)	08 Oct 2020 14:07:09

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25 Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '28 Sep 2020'	(b) (4), (b) (6)	08 Oct 2020 14:07:09

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25 Time of assessment (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '11:21'	(b) (4), (b) (6)	08 Oct 2020 14:07:09

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered '28 Sep 2020 11:21'	System	08 Oct 2020 14:07:09

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25

Temperature (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '36.6' C	(b) (4), (b) (6)	08 Oct 2020 14:07:09

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25

Route of measurement

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Oral (Oral)'	(b) (4), (b) (6)	08 Oct 2020 14:07:09

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25

If Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4), (b) (6)	08 Oct 2020 14:07:09

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25

Pulse (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '61'	(b) (4), (b) (6)	08 Oct 2020 14:07:09

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25

Pulse units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered 'bpm'	System	08 Oct 2020 14:07:09

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25

Respiratory Rate (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '13'	(b) (4), (b) (6)	08 Oct 2020 14:07:09

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25

Respiratory Rate units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered 'breaths/min'	System	08 Oct 2020 14:07:09

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '127'	(b) (4), (b) (6)	08 Oct 2020 14:07:09

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25

Systolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered 'mmHg'	System	08 Oct 2020 14:07:09

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '71'	(b) (4), (b) (6)	08 Oct 2020 14:07:09

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25

Diastolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered 'mmHg'	System	08 Oct 2020 14:07:09

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25

Height (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 21:56:25

Weight (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36

Folder: Visit 3 Day 57 (1) Form: Physical Examination

Generated On: 11 Aug 2021 21:56:25 Was the physical examination performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Yes (Y)'	(b) (4), (b) (6)	08 Oct 2020 14:07:20

Folder: Visit 3 Day 57 (1) Form: Physical Examination

Generated On: 11 Aug 2021 21:56:25 Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '28 Sep 2020'	(b) (4), (b) (6)	08 Oct 2020 14:07:20

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 21:56:25

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Yes (Y)'	(b) (4), (b) (6)	08 Oct 2020 14:07:38

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 21:56:25

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '28 Sep 2020'	(b) (4), (b) (6)	08 Oct 2020 14:07:38

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 21:56:25

Collection time (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '11:45'	(b) (4), (b) (6)	08 Oct 2020 14:07:38

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 21:56:25 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered '28 Sep 2020 11:45'	System	08 Oct 2020 14:07:38

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 11 Aug 2021 21:56:25
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Yes (Y)'	(b) (4), (b) (6)	08 Oct 2020 14:07:42

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 11 Aug 2021 21:56:25

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered '1'	System	08 Oct 2020 14:07:42

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
Data entry locked.	System	29 Jul 2020 15:02:16
User entered 'Day 64'	System	29 Jul 2020 15:02:16

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

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)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice	System	29 Sep 2020 18:06:33
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-09-29T14:06:14', User OID:		
'PatientReportedOutcome (US3022021)', ODM File OID: 'f02d9e7e-6692-43e5-82c0-3256ab8e7b41'		
User entered 'No (N)'	System	29 Sep 2020 18:06:33

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Have you been exposed to someone with 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)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-09-29T14:06:21', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: 'f02d9e7e-6692-43e5-82c0-3256ab8e7b41'	System	29 Sep 2020 18:06:33
User entered 'No (N)'	System	29 Sep 2020 18:06:33

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Date and time of submission

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-09-29T14:06:30', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: 'f02d9e7e-6692-43e5-82c0-3256ab8e7b41'	System	29 Sep 2020 18:06:33
User entered '29 Sep 2020 14:06:30'	System	29 Sep 2020 18:06:33

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
Data entry locked.	System	29 Jul 2020 15:02:16
User entered '28 Sep 2020 00:01'	System	29 Jul 2020 15:02:16

Folder: Safety Follow Up Diary (1)
Form: Safety Follow Up Diary
Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
Data entry locked.	System	29 Jul 2020 15:02:16
User entered '02 Oct 2020 23:59'	System	29 Jul 2020 15:02:16

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09
Data entry locked.	System	29 Jul 2020 15:02:16
User entered 'Day 71'	System	29 Jul 2020 15:02:16

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

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)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Have you been exposed to someone with 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)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1)
Form: Safety Follow Up Diary
Generated On: 11 Aug 2021 21:56:25
Fever (Temperature ≥ 100.4°F/38°C)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Chills

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Cough

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Shortness of breath

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Difficulty breathing

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Fatigue

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Muscle aches

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Body aches

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Headache

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

New loss of taste

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

New loss of smell

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Sore throat

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Congestion

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Runny nose

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Nausea

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Vomiting

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Diarrhea

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Date and time of submission

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1)
Form: Safety Follow Up Diary
Generated On: 11 Aug 2021 21:56:25
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09
Data entry locked.	System	29 Jul 2020 15:02:16
User entered '05 Oct 2020 00:01'	System	29 Jul 2020 15:02:16

Folder: Safety Follow Up Diary (1)
Form: Safety Follow Up Diary
Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09
Data entry locked.	System	29 Jul 2020 15:02:16
User entered '09 Oct 2020 23:59'	System	29 Jul 2020 15:02:16

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09
Data entry locked.	System	29 Jul 2020 15:02:16
User entered 'Day 78'	System	29 Jul 2020 15:02:16

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

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)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Have you been exposed to someone with 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)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1)
Form: Safety Follow Up Diary
Generated On: 11 Aug 2021 21:56:25
Fever (Temperature ≥ 100.4°F/38°C)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Chills

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Cough

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Shortness of breath

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Difficulty breathing

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Fatigue

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Muscle aches

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Body aches

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Headache

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

New loss of taste

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

New loss of smell

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Sore throat

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Congestion

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Runny nose

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Nausea

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Vomiting

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Diarrhea

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Date and time of submission

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1)
Form: Safety Follow Up Diary
Generated On: 11 Aug 2021 21:56:25
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09
Data entry locked.	System	29 Jul 2020 15:02:16
User entered '12 Oct 2020 00:01'	System	29 Jul 2020 15:02:16

Folder: Safety Follow Up Diary (1)
Form: Safety Follow Up Diary
Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09
Data entry locked.	System	29 Jul 2020 15:02:16
User entered '16 Oct 2020 23:59'	System	29 Jul 2020 15:02:16

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
Data entry locked.	System	29 Jul 2020 15:02:16
User entered 'Day 92'	System	29 Jul 2020 15:02:16

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

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)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-10-28T09:54:41', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '5a73eb23-fc2e-45ea-9769-29d690b4eb9a'	System	28 Oct 2020 14:55:05
User entered 'No (N)'	System	28 Oct 2020 14:55:05

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Have you been exposed to someone with 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)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice	System	28 Oct 2020 14:55:05
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2020-10-28T09:54:50', User OID:		
'PatientReportedOutcome (US3022021)', ODM File OID: '5a73eb23-fc2e-45ea-9769-29d690b4eb9a'		
User entered 'No (N)'	System	28 Oct 2020 14:55:05

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Date and time of submission

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2020-10-28T09:55:00', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '5a73eb23-fc2e-45ea-9769-29d690b4eb9a'	System	28 Oct 2020 14:55:05
User entered '28 Oct 2020 09:55:00'	System	28 Oct 2020 14:55:05

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
Data entry locked.	System	29 Jul 2020 15:02:16
User entered '26 Oct 2020 00:01'	System	29 Jul 2020 15:02:16

Folder: Safety Follow Up Diary (1)
Form: Safety Follow Up Diary
Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Mar 2021 21:32:00
Data entry locked.	System	29 Jul 2020 15:02:16
User entered '30 Oct 2020 23:59'	System	29 Jul 2020 15:02:16

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09
Data entry locked.	System	29 Jul 2020 15:02:16
User entered 'Day 99'	System	29 Jul 2020 15:02:16

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

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)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Have you been exposed to someone with 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)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1)
Form: Safety Follow Up Diary
Generated On: 11 Aug 2021 21:56:25
Fever (Temperature ≥ 100.4°F/38°C)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Chills

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Cough

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Shortness of breath

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Difficulty breathing

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Fatigue

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Muscle aches

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Body aches

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Headache

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

New loss of taste

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

New loss of smell

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Sore throat

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Congestion

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Runny nose

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Nausea

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Vomiting

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Diarrhea

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
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Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Date and time of submission

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1)
Form: Safety Follow Up Diary
Generated On: 11 Aug 2021 21:56:25
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09
Data entry locked.	System	29 Jul 2020 15:02:16
User entered '02 Nov 2020 00:01'	System	29 Jul 2020 15:02:16

Folder: Safety Follow Up Diary (1)
Form: Safety Follow Up Diary
Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09
Data entry locked.	System	29 Jul 2020 15:02:16
User entered '06 Nov 2020 23:59'	System	29 Jul 2020 15:02:16

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09
Data entry locked.	System	29 Jul 2020 15:02:16
User entered 'Day 106'	System	29 Jul 2020 15:02:16

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

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)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Have you been exposed to someone with 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)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1)
Form: Safety Follow Up Diary
Generated On: 11 Aug 2021 21:56:25
Fever (Temperature ≥ 100.4°F/38°C)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Chills

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Cough

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Shortness of breath

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Difficulty breathing

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Fatigue

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Muscle aches

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Body aches

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Headache

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

New loss of taste

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

New loss of smell

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Sore throat

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Congestion

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Runny nose

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Nausea

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Vomiting

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Diarrhea

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Date and time of submission

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1)
Form: Safety Follow Up Diary
Generated On: 11 Aug 2021 21:56:25
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09
Data entry locked.	System	29 Jul 2020 15:02:16
User entered '09 Nov 2020 00:01'	System	29 Jul 2020 15:02:16

Folder: Safety Follow Up Diary (1)
Form: Safety Follow Up Diary
Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09
Data entry locked.	System	29 Jul 2020 15:02:16
User entered '13 Nov 2020 23:59'	System	29 Jul 2020 15:02:16

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09
Data entry locked.	System	29 Jul 2020 15:02:16
User entered 'Day 113'	System	29 Jul 2020 15:02:16

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

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)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Have you been exposed to someone with 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)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1)
Form: Safety Follow Up Diary
Generated On: 11 Aug 2021 21:56:25
Fever (Temperature ≥ 100.4°F/38°C)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Chills

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Cough

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Shortness of breath

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Difficulty breathing

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Fatigue

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Muscle aches

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Body aches

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Headache

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

New loss of taste

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

New loss of smell

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Sore throat

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Congestion

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Runny nose

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Nausea

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Vomiting

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Diarrhea

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Date and time of submission

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 02:07:09

Folder: Safety Follow Up Diary (1)
Form: Safety Follow Up Diary
Generated On: 11 Aug 2021 21:56:25
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09
Data entry locked.	System	29 Jul 2020 15:02:16
User entered '16 Nov 2020 00:01'	System	29 Jul 2020 15:02:16

Folder: Safety Follow Up Diary (1)
Form: Safety Follow Up Diary
Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 02:07:09
Data entry locked.	System	29 Jul 2020 15:02:16
User entered '20 Nov 2020 23:59'	System	29 Jul 2020 15:02:16

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 117'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '20 Nov 2020	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '24 Nov 2020	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 124'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '27 Nov 2020	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '01 Dec 2020	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 131'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '04 Dec 2020	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '08 Dec 2020	System	19 Nov 2020 02:07:09
22.501	-	

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 138'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '11 Dec 2020	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '15 Dec 2020	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 145'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '18 Dec 2020	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '22 Dec 2020	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 152'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '25 Dec 2020	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '29 Dec 2020	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 159'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '01 Jan 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '05 Jan 2021	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 166'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

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	System	12 Jan 2021 20:57:58
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2021-01-12T15:57:41', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '58bb77da-6667-409e-9e15-8cdb1e53f291'		
User entered 'No (N)'	System	12 Jan 2021 20:57:58

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Have you been exposed to someone with 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	System	12 Jan 2021 20:57:58
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2021-01-12T15:57:46', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '58bb77da-6667-409e-9e15-8cdb1e53f291'		
User entered 'No (N)'	System	12 Jan 2021 20:57:58

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	12 Jan 2021 20:57:58
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2021-01-12T15:57:55', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '58bb77da-6667-409e-9e15-8cdb1e53f291'		
User entered '12 Jan 2021 15:57:55'	System	12 Jan 2021 20:57:58

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '08 Jan 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '12 Jan 2021	System	19 Nov 2020 02:07:09
22.50		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 173'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '15 Jan 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '19 Jan 2021	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 180'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

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	System	25 Jan 2021 17:10:42
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',	ı	
Time: '2021-01-25T12:10:25', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '871f5553-30ca-4092-98c9-72a2f6e9f514'		
User entered 'No (N)'	System	25 Jan 2021 17:10:42

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Have you been exposed to someone with 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	System	25 Jan 2021 17:10:42
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2021-01-25T12:10:31', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '871f5553-30ca-4092-98c9-72a2f6e9f514'		
User entered 'No (N)'	System	25 Jan 2021 17:10:42

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	25 Jan 2021 17:10:42
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2021-01-25T12:10:38', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '871f5553-30ca-4092-98c9-72a2f6e9f514'		
User entered '25 Jan 2021 12:10:38'	System	25 Jan 2021 17:10:42

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '22 Jan 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '26 Jan 2021	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 187'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '29 Jan 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '02 Feb 2021	System	19 Nov 2020 02:07:09
22.50		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 194'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25 Patient Cloud Open Date & Time

Audit	User

Time (GMT) Amendment Manager: Data entry locked. 19 Nov 2020 02:07:09 System Amendment Manager: User entered '05 Feb 2021 System 19 Nov 2020 02:07:09 00:01'

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '09 Feb 2021	System	19 Nov 2020 02:07:09
22 501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 201'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '12 Feb 2021 00:01'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '16 Feb 2021	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 208'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

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	System	21 Feb 2021 17:05:14
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2021-02-21T12:00:51', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: 'dd0da9e0-faf6-4b73-8c20-bd320994ba60'		
User entered 'No (N)'	System	21 Feb 2021 17:05:14

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Have you been exposed to someone with 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	System	21 Feb 2021 17:05:14
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2021-02-21T12:01:01', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: 'dd0da9e0-faf6-4b73-8c20-bd320994ba60'		
User entered 'No (N)'	System	21 Feb 2021 17:05:14

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	21 Feb 2021 17:05:14
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2021-02-21T12:01:13', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: 'dd0da9e0-faf6-4b73-8c20-bd320994ba60'		
User entered '21 Feb 2021 12:01:13'	System	21 Feb 2021 17:05:14

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '19 Feb 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '23 Feb 2021	System	19 Nov 2020 02:07:09
22 501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 215'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

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	System	02 Mar 2021 17:01:52
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2021-03-02T12:00:30-05:00', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: 'ac5722cc-7c33-49ce-8f9c-c57a7d5c974b'		
User entered 'No (N)'	System	02 Mar 2021 17:01:52

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Have you been exposed to someone with 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	System	02 Mar 2021 17:01:52
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2021-03-02T12:00:35-05:00', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: 'ac5722cc-7c33-49ce-8f9c-c57a7d5c974b'		
User entered 'No (N)'	System	02 Mar 2021 17:01:52

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	02 Mar 2021 17:01:52
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2021-03-02T12:00:40-05:00', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: 'ac5722cc-7c33-49ce-8f9c-c57a7d5c974b'		
User entered '02 Mar 2021 12:00:40'	System	02 Mar 2021 17:01:52

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '26 Feb 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '02 Mar 2021	System	19 Nov 2020 02:07:09
22.50		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 222'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

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	System	05 Mar 2021 12:29:20
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2021-03-05T07:29:08-05:00', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '9060adee-db37-4e60-801f-95cdb6cd938e'		
User entered 'No (N)'	System	05 Mar 2021 12:29:20

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Have you been exposed to someone with 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	System	05 Mar 2021 12:29:20
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2021-03-05T07:29:13-05:00', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '9060adee-db37-4e60-801f-95cdb6cd938e'		
User entered 'No (N)'	System	05 Mar 2021 12:29:20

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	05 Mar 2021 12:29:20
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2021-03-05T07:29:18-05:00', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '9060adee-db37-4e60-801f-95cdb6cd938e'		
User entered '05 Mar 2021 07:29:18'	System	05 Mar 2021 12:29:20

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '05 Mar 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '09 Mar 2021 23:59'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 229'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

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	System	12 Mar 2021 13:29:05
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2021-03-12T08:28:52-05:00', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '17b5b652-f08f-40d1-8033-f775115f0bf2'		
User entered 'No (N)'	System	12 Mar 2021 13:29:05

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Have you been exposed to someone with 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	System	12 Mar 2021 13:29:05
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2021-03-12T08:28:58-05:00', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '17b5b652-f08f-40d1-8033-f775115f0bf2'		
User entered 'No (N)'	System	12 Mar 2021 13:29:05

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	12 Mar 2021 13:29:05
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2021-03-12T08:29:03-05:00', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '17b5b652-f08f-40d1-8033-f775115f0bf2'		
User entered '12 Mar 2021 08:29:03'	System	12 Mar 2021 13:29:05

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '12 Mar 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '16 Mar 2021	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 236'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

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	System	19 Mar 2021 11:55:25
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2021-03-19T07:55:09-04:00', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '77d4bd1e-b334-4594-a39a-30591e759094'		
User entered 'No (N)'	System	19 Mar 2021 11:55:25

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Have you been exposed to someone with 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	System	19 Mar 2021 11:55:25
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2021-03-19T07:55:14-04:00', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '77d4bd1e-b334-4594-a39a-30591e759094'		
User entered 'No (N)'	System	19 Mar 2021 11:55:25

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	19 Mar 2021 11:55:25
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2021-03-19T07:55:21-04:00', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '77d4bd1e-b334-4594-a39a-30591e759094'		
User entered '19 Mar 2021 07:55:21'	System	19 Mar 2021 11:55:25

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '19 Mar 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '23 Mar 2021	System	19 Nov 2020 02:07:09
22 501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 243'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

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	System	26 Mar 2021 12:22:40
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2021-03-26T08:22:29-04:00', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: 'ce6e8e43-a442-4c23-9193-fa8d7db02eba'		
User entered 'No (N)'	System	26 Mar 2021 12:22:40

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Have you been exposed to someone with 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	System	26 Mar 2021 12:22:40
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2021-03-26T08:22:32-04:00', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: 'ce6e8e43-a442-4c23-9193-fa8d7db02eba'		
User entered 'No (N)'	System	26 Mar 2021 12:22:40

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	26 Mar 2021 12:22:40
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2021-03-26T08:22:35-04:00', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: 'ce6e8e43-a442-4c23-9193-fa8d7db02eba'		
User entered '26 Mar 2021 08:22:35'	System	26 Mar 2021 12:22:40

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '26 Mar 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '30 Mar 2021	System	19 Nov 2020 02:07:09

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 250'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

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	System	04 Apr 2021 12:01:08
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2021-04-04T08:00:58-04:00', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '3a59e8b1-2071-418c-8b14-a8a6ed907ef3'		
User entered 'No (N)'	System	04 Apr 2021 12:01:08

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Have you been exposed to someone with 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	System	04 Apr 2021 12:01:08
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2021-04-04T08:01:01-04:00', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '3a59e8b1-2071-418c-8b14-a8a6ed907ef3'		
User entered 'No (N)'	System	04 Apr 2021 12:01:08

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	04 Apr 2021 12:01:08
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2021-04-04T08:01:05-04:00', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '3a59e8b1-2071-418c-8b14-a8a6ed907ef3'		
User entered '04 Apr 2021 08:01:05'	System	04 Apr 2021 12:01:08

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '02 Apr 2021 00:01'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '06 Apr 2021	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 257'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

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	System	12 Apr 2021 17:21:20
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2021-04-12T13:14:58-04:00', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: 'dbebe590-083c-489c-8e64-673abcb61df8'		
User entered 'No (N)'	System	12 Apr 2021 17:21:20

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Have you been exposed to someone with 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	System	12 Apr 2021 17:21:20
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2021-04-12T13:15:01-04:00', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: 'dbebe590-083c-489c-8e64-673abcb61df8'		
User entered 'No (N)'	System	12 Apr 2021 17:21:20

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	12 Apr 2021 17:21:20
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2021-04-12T13:15:05-04:00', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: 'dbebe590-083c-489c-8e64-673abcb61df8'		
User entered '12 Apr 2021 13:15:05'	System	12 Apr 2021 17:21:20

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '09 Apr 2021 00:01'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '13 Apr 2021	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 264'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

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	System	16 Apr 2021 05:51:37
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2021-04-16T01:51:16-04:00', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '69036e76-ccf6-4a1d-a7dd-acd9e35bfc81'		
User entered 'No (N)'	System	16 Apr 2021 05:51:37

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Have you been exposed to someone with 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	System	16 Apr 2021 05:51:37
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2021-04-16T01:51:22-04:00', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '69036e76-ccf6-4a1d-a7dd-acd9e35bfc81'		
User entered 'No (N)'	System	16 Apr 2021 05:51:37

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	16 Apr 2021 05:51:37
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2021-04-16T01:51:32-04:00', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '69036e76-ccf6-4a1d-a7dd-acd9e35bfc81'		
User entered '16 Apr 2021 01:51:32'	System	16 Apr 2021 05:51:37

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '16 Apr 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '20 Apr 2021	System	19 Nov 2020 02:07:09
22 501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 271'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

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	System	23 Apr 2021 14:12:55
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2021-04-23T10:12:41-04:00', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '1e4b6c60-4628-44c1-ac13-84d24fabb6da'		
User entered 'No (N)'	System	23 Apr 2021 14:12:55

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Have you been exposed to someone with 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	System	23 Apr 2021 14:12:55
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2021-04-23T10:12:45-04:00', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '1e4b6c60-4628-44c1-ac13-84d24fabb6da'		
User entered 'No (N)'	System	23 Apr 2021 14:12:55

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	23 Apr 2021 14:12:55
Provided', Location OID: 'ePRODevice		
(320D33AF-7717-4AE8-ADBF-67EDA1A873FA)',		
Time: '2021-04-23T10:12:52-04:00', User OID:		
'PatientReportedOutcome (US3022021)', ODM File		
OID: '1e4b6c60-4628-44c1-ac13-84d24fabb6da'		
User entered '23 Apr 2021 10:12:52'	System	23 Apr 2021 14:12:55

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '23 Apr 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '27 Apr 2021	System	19 Nov 2020 02:07:09
22.501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 278'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '30 Apr 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '04 May 2021	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 285'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '07 May 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '11 May 2021	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 292'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '14 May 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '18 May 2021	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 299'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '21 May 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '25 May 2021	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 306'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '28 May 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '01 Jun 2021 23:59'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 313'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '04 Jun 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '08 Jun 2021	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 320'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '11 Jun 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '15 Jun 2021	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 327'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '18 Jun 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '22 Jun 2021	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 334'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '25 Jun 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '29 Jun 2021	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 341'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '02 Jul 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '06 Jul 2021 23:59'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 348'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '09 Jul 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '13 Jul 2021	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 355'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '16 Jul 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '20 Jul 2021	System	19 Nov 2020 02:07:09
22.501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 362'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '23 Jul 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '27 Jul 2021	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 369'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '30 Jul 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '03 Aug 2021	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 376'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '06 Aug 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '10 Aug 2021	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 383'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '13 Aug 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '17 Aug 2021	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 390'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '20 Aug 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '24 Aug 2021	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 397'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '27 Aug 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '31 Aug 2021 23:59'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 404'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '03 Sep 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '07 Sep 2021	System	19 Nov 2020 02:07:09
22.50		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 411'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '10 Sep 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '14 Sep 2021	System	19 Nov 2020 02:07:09
22.501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 418'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '17 Sep 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '21 Sep 2021	System	19 Nov 2020 02:07:09
22.501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 425'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '24 Sep 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '28 Sep 2021	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 432'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '01 Oct 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '05 Oct 2021	System	19 Nov 2020 02:07:09
22 501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 439'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '08 Oct 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '12 Oct 2021	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 446'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '15 Oct 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '19 Oct 2021	System	19 Nov 2020 02:07:09
22.50		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 453'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '22 Oct 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '26 Oct 2021	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 460'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '29 Oct 2021 00:01'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '02 Nov 2021	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 467'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '05 Nov 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '09 Nov 2021	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 474'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '12 Nov 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '16 Nov 2021	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 481'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '19 Nov 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '23 Nov 2021	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 488'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '26 Nov 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '30 Nov 2021	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 495'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '03 Dec 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '07 Dec 2021	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 502'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '10 Dec 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '14 Dec 2021	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 509'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '17 Dec 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '21 Dec 2021	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 516'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Open Date & Time

	_		
Audit			

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '24 Dec 2021	System	19 Nov 2020 02:07:09
00.011		

00:01'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '28 Dec 2021	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 523'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '31 Dec 2021	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '04 Jan 2022	System	19 Nov 2020 02:07:09
22 501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 530'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '07 Jan 2022	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '11 Jan 2022	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 537'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '14 Jan 2022 00:01'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '18 Jan 2022	System	19 Nov 2020 02:07:09
22 501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 544'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '21 Jan 2022	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '25 Jan 2022	System	19 Nov 2020 02:07:09
22 501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 551'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '28 Jan 2022	System	19 Nov 2020 02:07:09
00:01'	-	

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '01 Feb 2022	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 558'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '04 Feb 2022	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '08 Feb 2022	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 565'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '11 Feb 2022	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '15 Feb 2022	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 572'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '18 Feb 2022	System	19 Nov 2020 02:07:09
00:01'		

PRODUCTION RELEASE (v12.003

EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '22 Feb 2022	System	19 Nov 2020 02:07:09
22 501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 579'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '25 Feb 2022	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '01 Mar 2022	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 586'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '04 Mar 2022	System	19 Nov 2020 02:07:09

00:01'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '08 Mar 2022	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 593'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '11 Mar 2022	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '15 Mar 2022	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 600'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '18 Mar 2022	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '22 Mar 2022	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 607'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '25 Mar 2022	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '29 Mar 2022	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 614'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '01 Apr 2022	System	19 Nov 2020 02:07:09
00.011		

00:01'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '05 Apr 2022	System	19 Nov 2020 02:07:09
22.501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 621'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '08 Apr 2022	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '12 Apr 2022	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 628'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '15 Apr 2022	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '19 Apr 2022	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 635'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '22 Apr 2022	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '26 Apr 2022	System	19 Nov 2020 02:07:09
22.50		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 642'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '29 Apr 2022	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '03 May 2022 23:59'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 649'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '06 May 2022	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '10 May 2022	System	19 Nov 2020 02:07:09
22.501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 656'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '13 May 2022	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '17 May 2022	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 663'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '20 May 2022	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '24 May 2022	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 670'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '27 May 2022	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '31 May 2022	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 677'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '03 Jun 2022	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '07 Jun 2022	System	19 Nov 2020 02:07:09
22 501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 684'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '10 Jun 2022	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '14 Jun 2022	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 691'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '17 Jun 2022	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '21 Jun 2022	System	19 Nov 2020 02:07:09
22 501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 698'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '24 Jun 2022 00:01'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '28 Jun 2022	System	19 Nov 2020 02:07:09
22 501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 705'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '01 Jul 2022	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '05 Jul 2022	System	19 Nov 2020 02:07:09
22.501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 712'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '08 Jul 2022	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '12 Jul 2022	System	19 Nov 2020 02:07:09
22.501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 719'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '15 Jul 2022 00:01'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '19 Jul 2022	System	19 Nov 2020 02:07:09
22.501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 726'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '22 Jul 2022	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '26 Jul 2022	System	19 Nov 2020 02:07:09
22 #01		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 733'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '29 Jul 2022	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '02 Aug 2022	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 740'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '05 Aug 2022	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '09 Aug 2022	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 747'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '12 Aug 2022	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '16 Aug 2022	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 754'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '19 Aug 2022	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '23 Aug 2022	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 761'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '26 Aug 2022	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '30 Aug 2022	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 768'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '02 Sep 2022	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '06 Sep 2022	System	19 Nov 2020 02:07:09
22.501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 775'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '09 Sep 2022	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '13 Sep 2022	System	19 Nov 2020 02:07:09
22.501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 782'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '16 Sep 2022 00:01'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '20 Sep 2022	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 789'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '23 Sep 2022	System	19 Nov 2020 02:07:09
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '27 Sep 2022	System	19 Nov 2020 02:07:09
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered 'Day 796'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 21:56:25
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '30 Sep 2022 00:01'	System	19 Nov 2020 02:07:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 21:56:25

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 02:07:09
Amendment Manager: User entered '04 Oct 2022	System	19 Nov 2020 02:07:09
22 501		

23:59'

Folder: Cosmetic Injections and Dermal Fillers Form: Cosmetic Injection_ Dermal Filler eDiary (1)

Generated On: 11 Aug 2021 21:56:25

Have you ever received facial cosmetic injections, such as Juvederm, Voluma, Radiesse, Restylane, Botox or other?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2021-03-02T12:00:51-05:00', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '3891bb93-7bda-4361-b5c9-8774096cfdef'	System	02 Mar 2021 17:03:39
User entered 'Yes (Y)'	System	02 Mar 2021 17:03:39

Folder: Cosmetic Injections and Dermal Fillers Form: Cosmetic Injection_ Dermal Filler eDiary (1)

Generated On: 11 Aug 2021 21:56:25

Have you ever received a dermal filler, such as Juvederm, Voluma, Radiesse, Restylane, or Botox or other for a medical indication such as a migraine headache?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2021-03-02T12:01:02-05:00', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '3891bb93-7bda-4361-b5c9-8774096cfdef'	System	02 Mar 2021 17:03:39
User entered 'No (N)'	System	02 Mar 2021 17:03:39

Folder: Cosmetic Injections and Dermal Fillers Form: Cosmetic Injection_ Dermal Filler eDiary (1)

Generated On: 11 Aug 2021 21:56:25

Date & Time of Submission

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:29:29
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (320D33AF-7717-4AE8-ADBF-67EDA1A873FA)', Time: '2021-03-02T12:01:06-05:00', User OID: 'PatientReportedOutcome (US3022021)', ODM File OID: '3891bb93-7bda-4361-b5c9-8774096cfdef'	System	02 Mar 2021 17:03:39
User entered '02 Mar 2021 12:01:06'	System	02 Mar 2021 17:03:39

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Yes (Y)'	(b) (4), (b) (6)	20 Oct 2020 17:39:30

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered '20 Oct 2020'	(b) (4), (b) (6)	20 Oct 2020 17:39:30

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	20 Oct 2020 17:39:30

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Comments

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered empty.	(b) (4), (b) (6)	20 Oct 2020 17:39:30

Folder: Safety Call Day 85 (1)

Form: Continuing

Generated On: 11 Aug 2021 21:56:25
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:32
User entered 'Yes (Y)'	(b) (4), (b) (6)	12 Nov 2020 13:33:40

Folder: Safety Call Day 85 (1)

Form: Continuing

Generated On: 11 Aug 2021 21:56:25

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 13:46:36
User entered '1'	System	12 Nov 2020 13:33:40

Folder: Safety Call Day 119 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	14 Apr 2021 09:51:48
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'Yes (Y)'	(b) (4), (b) (6)	30 Nov 2020 13:23:52

Folder: Safety Call Day 119 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	14 Apr 2021 09:51:48
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered '19 Nov 2020'	(b) (4), (b) (6)	30 Nov 2020 13:23:52

Folder: Safety Call Day 119 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	14 Apr 2021 09:51:48
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	30 Nov 2020 13:23:52

Folder: Safety Call Day 119 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Comments

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	14 Apr 2021 09:51:48
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered empty.	(b) (4), (b) (6)	30 Nov 2020 13:23:52

Folder: Safety Call Day 119 (1)

Form: Continuing

Generated On: 11 Aug 2021 21:56:25
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	14 Apr 2021 09:51:48
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'Yes (Y)'	(b) (4), (b) (6)	30 Nov 2020 13:23:57

Folder: Safety Call Day 119 (1)

Form: Continuing

Generated On: 11 Aug 2021 21:56:25

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	14 Apr 2021 09:51:48
User entered '1'	System	30 Nov 2020 13:23:57

Folder: Safety Call Day 149 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	14 Apr 2021 09:51:48
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'Yes (Y)'	(b) (4), (b) (6)	22 Dec 2020 20:03:43

Folder: Safety Call Day 149 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	14 Apr 2021 09:51:48
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered '22 Dec 2020'	(b) (4), (b) (6)	22 Dec 2020 20:03:43

Folder: Safety Call Day 149 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	14 Apr 2021 09:51:48
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	22 Dec 2020 20:03:43

Folder: Safety Call Day 149 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Comments

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	14 Apr 2021 09:51:48
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered empty.	(b) (4), (b) (6)	22 Dec 2020 20:03:43

Folder: Safety Call Day 149 (1)

Form: Continuing

Generated On: 11 Aug 2021 21:56:25
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	14 Apr 2021 09:51:48
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'Yes (Y)'	(b) (4), (b) (6)	22 Dec 2020 20:03:47

Folder: Safety Call Day 149 (1)

Form: Continuing

Generated On: 11 Aug 2021 21:56:25

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	14 Apr 2021 09:51:48
User entered '1'	System	22 Dec 2020 20:03:47

Folder: Safety Call Day 179 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	14 Apr 2021 09:51:48
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	25 Mar 2021 22:59:33
User entered 'No (N)'	(b) (4), (b) (6)	23 Mar 2021 20:53:56

Folder: Safety Call Day 179 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	14 Apr 2021 09:51:48
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	25 Mar 2021 22:59:33
User entered empty.	(b) (4), (b) (6)	23 Mar 2021 20:53:56

Folder: Safety Call Day 179 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	14 Apr 2021 09:51:48
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	25 Mar 2021 22:59:33
User entered empty.	(b) (4), (b) (6)	23 Mar 2021 20:53:56

Folder: Safety Call Day 179 (1)

Form: Safety Call

Generated On: 11 Aug 2021 21:56:25

Comments

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	14 Apr 2021 09:51:48
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	25 Mar 2021 22:59:33
User entered empty.	(b) (4), (b) (6)	23 Mar 2021 20:53:56

Folder: Safety Call Day 179 (1)

Form: Continuing

Generated On: 11 Aug 2021 21:56:25
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	14 Apr 2021 09:51:48
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	25 Mar 2021 22:59:33
User entered 'Yes (Y)'	(b) (4), (b) (6)	23 Mar 2021 20:54:03

Folder: Safety Call Day 179 (1)

Form: Continuing

Generated On: 11 Aug 2021 21:56:25

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	14 Apr 2021 09:51:48
User entered '1'	System	23 Mar 2021 20:54:03

Folder: Participant Decision Visit / OL-D1 (1)

Form: Visit Date

Generated On: 11 Aug 2021 21:56:25

Was this visit performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'Yes (Y)'	(b) (4), (b) (6)	03 Feb 2021 13:39:09

Folder: Participant Decision Visit / OL-D1 (1)

Form: Visit Date

Generated On: 11 Aug 2021 21:56:25

Visit date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered '01 Feb 2021'	(b) (4), (b) (6)	03 Feb 2021 13:39:09

Folder: Participant Decision Visit / OL-D1 (1)

Form: Visit Date

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'Clinic (Clinic)'	(b) (4), (b) (6)	03 Feb 2021 13:39:09

Folder: Participant Decision Visit / OL-D1 (1)

Form: Visit Date

Generated On: 11 Aug 2021 21:56:25

Folder OID

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User entered 'UNBLND_DECIDE'	System	03 Feb 2021 13:39:09

Folder: Participant Decision Visit / OL-D1 (1)

Form: Unblinding

Generated On: 11 Aug 2021 21:56:25

Date of updated informed consent (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 May 2021 03:41:16
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered '01 Feb 2021'	(b) (4), (b) (6)	03 Feb 2021 13:39:44

Folder: Participant Decision Visit / OL-D1 (1)

Form: Unblinding

Generated On: 11 Aug 2021 21:56:25

N/A - Subject Unblinded under Amendment 5 and Discontinued from Study

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 May 2021 03:41:16
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	13 Apr 2021 22:10:24
User entered '0'	(b) (4), (b) (6)	01 Apr 2021 13:32:23
Amendment Manager inserted this DataPoint.	System	06 Mar 2021 10:36:16

Folder: Participant Decision Visit / OL-D1 (1)

Form: Unblinding

Generated On: 11 Aug 2021 21:56:25

Was the participant unblinded?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 May 2021 03:41:16
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'Yes (Y)'	(b) (4), (b) (6)	03 Feb 2021 13:39:44

Folder: Participant Decision Visit / OL-D1 (1)

Form: Unblinding

Generated On: 11 Aug 2021 21:56:25

Under what version of the Protocol was the Participant unblinded?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 May 2021 03:41:16
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	13 Apr 2021 22:10:24
User closed query 'Per IRT system use and date, this subject was unblinded when the site was approved for A6. Subject was unblinded under A6, please review and update blank field.' (Site from DM).	(b) (4), (b) (6)	12 Apr 2021 12:06:43
Query 'Per IRT system use and date, this subject was unblinded when the site was approved for A6. Subject was unblinded under A6, please review and update blank field.' answered with 'updated ' (Site from DM).	(b) (4), (b) (6)	09 Apr 2021 12:10:35
User entered 'Amendment 6 or later (Amendment 6 or later)' reason for change: Data Entry Error	(b) (4), (b) (6)	09 Apr 2021 12:10:09
User opened query 'Per IRT system use and date, this subject was unblinded when the site was approved for A6. Subject was unblinded under A6, please review and update blank field.' (Site from DM).	(b) (4), (b) (6)	09 Apr 2021 08:45:35
User entered empty.	(b) (4), (b) (6)	01 Apr 2021 13:32:23
Amendment Manager inserted this DataPoint.	System	06 Mar 2021 10:36:16

Folder: Participant Decision Visit / OL-D1 (1)

Form: Unblinding

Generated On: 11 Aug 2021 21:56:25 Date of unblinding (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 May 2021 03:41:16
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered '01 Feb 2021'	(b) (4), (b) (6)	03 Feb 2021 13:39:44

Folder: Participant Decision Visit / OL-D1 (1)

Form: Unblinding

Generated On: 11 Aug 2021 21:56:25 Participant randomization assignment

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 May 2021 03:41:16
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'mRNA-1273 (mRNA-1273)'	(b) (4), (b) (6)	03 Feb 2021 13:39:44

Folder: Participant Decision Visit / OL-D1 (1)

Form: Unblinding

Generated On: 11 Aug 2021 21:56:25

Actual Dose 1

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 May 2021 03:41:16
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'mRNA-1273 (mRNA-1273)'	(b) (4), (b) (6)	03 Feb 2021 13:39:44

Folder: Participant Decision Visit / OL-D1 (1)

Form: Unblinding

Generated On: 11 Aug 2021 21:56:25

Actual Dose 2

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 May 2021 03:41:16
User closed query 'Please confirm that the subject received placebo as their actual dose 2 during part A of the study after receiving mRNA1273 as their actual dose 1 or revise response as necessary.' (Site from CRA).	(b) (4), (b) (6)	03 May 2021 12:21:22
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	13 Apr 2021 22:10:24
Query 'Please confirm that the subject received placebo as their actual dose 2 during part A of the study after receiving mRNA1273 as their actual dose 1 or revise response as necessary.' answered with 'updated' (Site from CRA).	(b) (4), (b) (6)	01 Apr 2021 13:32:38
Signature has been broken.	(b) (4), (b) (6)	01 Apr 2021 13:32:23
User entered 'Not Administered (NA)' reason for change: Data Entry Error	(b) (4), (b) (6)	01 Apr 2021 13:32:23
User opened query 'Please confirm that the subject received placebo as their actual dose 2 during part A of the study after receiving mRNA1273 as their actual dose 1 or revise response as necessary.' (Site from CRA).	(b) (4), (b) (6)	29 Mar 2021 23:55:41
Query 'Please confirm that the subject's received placebo as their actual dose 2 during part A of the study after receiving mRNA1273 as their actual dose 1 or revise response as necessary.' canceled (Site from CRA).	(b) (4), (b) (6)	29 Mar 2021 23:55:25
User opened query 'Please confirm that the subject's received placebo as their actual dose 2 during part A of the study after receiving mRNA1273 as their actual dose 1 or revise response as necessary.' (Site from CRA).	(b) (4), (b) (6)	29 Mar 2021 23:55:10
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'Placebo (Placebo)'	(b) (4), (b) (6)	03 Feb 2021 13:39:44

Folder: Participant Decision Visit / OL-D1 (1)

Form: Unblinding

Generated On: 11 Aug 2021 21:56:25 Will participant receive mRNA-1273?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 May 2021 03:41:16
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'Yes (Y)'	(b) (4), (b) (6)	03 Feb 2021 13:39:44

Folder: Participant Decision Visit / OL-D1 (1)

Form: Unblinding

Generated On: 11 Aug 2021 21:56:25

Placebo Only Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 May 2021 03:41:16
User entered empty.	System	03 Feb 2021 13:39:44

Folder: Participant Decision Visit / OL-D1 (1)

Form: Unblinding

Generated On: 11 Aug 2021 21:56:25

Continuing with mRNA-1273

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 May 2021 03:41:16
User entered '1'	System	03 Feb 2021 13:39:44

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 21:56:25

Height

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered missing code ND - Not Done.	(b) (4), (b) (6)	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 21:56:25

Weight

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered missing code ND - Not Done.	(b) (4), (b) (6)	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 21:56:25

BMI (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User entered empty.	System	03 Feb 2021 13:41:27
DataPoint set to visible.	System	03 Feb 2021 13:39:44

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 21:56:25

Height

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered missing code ND - Not Done.	(b) (4), (b) (6)	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 21:56:25

Weight

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered missing code ND - Not Done.	(b) (4), (b) (6)	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 21:56:25

BMI (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User entered empty.	System	03 Feb 2021 13:41:27
DataPoint set to visible.	System	03 Feb 2021 13:39:44

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Timepoint

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User accepted default value 'Pre-Dose (PREDOSE)'	(b) (4), (b) (6)	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Were vital signs assessed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'Yes (Y)'	(b) (4), (b) (6)	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25 Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered '01 Feb 2021'	(b) (4), (b) (6)	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered '11:22'	(b) (4), (b) (6)	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User entered '01 Feb 2021 11:22'	System	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Temperature (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered '36.6' C	(b) (4), (b) (6)	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Route of measurement

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'Oral (Oral)'	(b) (4), (b) (6)	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

If Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered empty.	(b) (4), (b) (6)	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Pulse (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered '58'	(b) (4), (b) (6)	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Pulse units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User entered 'bpm'	System	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Respiratory Rate (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered '16'	(b) (4), (b) (6)	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Respiratory Rate units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User entered 'breaths/min'	System	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered '127'	(b) (4), (b) (6)	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Systolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User entered 'mmHg'	System	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered '87'	(b) (4), (b) (6)	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 21:56:25

Diastolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User entered 'mmHg'	System	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 21:56:25

Height

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered missing code ND - Not Done.	(b) (4), (b) (6)	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 21:56:25

Weight

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered missing code ND - Not Done.	(b) (4), (b) (6)	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 21:56:25

BMI (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User entered empty.	System	03 Feb 2021 13:41:27
DataPoint set to visible.	System	03 Feb 2021 13:39:44

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Timepoint

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User accepted default value 'Post-Dose (POSTDOSE)'	(b) (4), (b) (6)	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Were vital signs assessed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'Yes (Y)'	(b) (4), (b) (6)	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25 Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered '01 Feb 2021'	(b) (4), (b) (6)	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered '13:02'	(b) (4), (b) (6)	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User entered '01 Feb 2021 13:02'	System	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Temperature (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered '36.6' C	(b) (4), (b) (6)	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Route of measurement

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'Oral (Oral)'	(b) (4), (b) (6)	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

If Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered empty.	(b) (4), (b) (6)	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Pulse (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered '64'	(b) (4), (b) (6)	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Pulse units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User entered 'bpm'	System	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Respiratory Rate (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered '18'	(b) (4), (b) (6)	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Respiratory Rate units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User entered 'breaths/min'	System	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered '138'	(b) (4), (b) (6)	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Systolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User entered 'mmHg'	System	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered '84'	(b) (4), (b) (6)	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 21:56:25

Diastolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User entered 'mmHg'	System	03 Feb 2021 13:41:27

Folder: Participant Decision Visit / OL-D1 (1)

Form: Physical Examination

Generated On: 11 Aug 2021 21:56:25 Was the physical examination performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'Yes (Y)'	(b) (4), (b) (6)	03 Feb 2021 13:41:35

Folder: Participant Decision Visit / OL-D1 (1)

Form: Physical Examination

Generated On: 11 Aug 2021 21:56:25 Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered '01 Feb 2021'	(b) (4), (b) (6)	03 Feb 2021 13:41:35

Folder: Participant Decision Visit / OL-D1 (1)

Form: Exposure

Generated On: 11 Aug 2021 21:56:25

Was study treatment given?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'Yes (Y)'	(b) (4), (b) (6)	03 Feb 2021 13:41:51

Folder: Participant Decision Visit / OL-D1 (1)

Form: Exposure

Generated On: 11 Aug 2021 21:56:25

If No, reason not given

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered empty.	(b) (4), (b) (6)	03 Feb 2021 13:41:51

Folder: Participant Decision Visit / OL-D1 (1)

Form: Exposure

Generated On: 11 Aug 2021 21:56:25

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

specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered empty.	(b) (4), (b) (6)	03 Feb 2021 13:41:51

Folder: Participant Decision Visit / OL-D1 (1)

Form: Exposure

Generated On: 11 Aug 2021 21:56:25 What was the study treatment? (Unblinded)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User entered 'mRNA-1273'	System	03 Feb 2021 13:41:51
DataPoint set to visible.	System	03 Feb 2021 13:39:44

Folder: Participant Decision Visit / OL-D1 (1)

Form: Exposure

Generated On: 11 Aug 2021 21:56:25 What was the treatment date? (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered '01 Feb 2021'	(b) (4), (b) (6)	03 Feb 2021 13:41:51

Folder: Participant Decision Visit / OL-D1 (1)

Form: Exposure

Generated On: 11 Aug 2021 21:56:25 What was the treatment time? (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered '12:32'	(b) (4), (b) (6)	03 Feb 2021 13:41:51

Folder: Participant Decision Visit / OL-D1 (1)

Form: Exposure

Generated On: 11 Aug 2021 21:56:25 Treatment Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User entered '01 Feb 2021 12:32'	System	03 Feb 2021 13:41:51

Folder: Participant Decision Visit / OL-D1 (1)

Form: Exposure

Generated On: 11 Aug 2021 21:56:25 Which arm was used to give treatment?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'Left Arm (LEFT ARM)'	(b) (4), (b) (6)	03 Feb 2021 13:41:51

Folder: Participant Decision Visit / OL-D1 (1)

Form: Exposure

Generated On: 11 Aug 2021 21:56:25

What was the frequency of the study treatment dosing?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User entered 'ONCE'	System	03 Feb 2021 13:41:51

Folder: Participant Decision Visit / OL-D1 (1)

Form: Exposure

Generated On: 11 Aug 2021 21:56:25

What was the route of administration for the study treatment?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User entered 'INTRAMUSCULAR'	System	03 Feb 2021 13:41:51

Folder: Participant Decision Visit / OL-D1 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 21:56:25

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'Yes (Y)'	(b) (4), (b) (6)	03 Feb 2021 13:40:02

Folder: Participant Decision Visit / OL-D1 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 21:56:25

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered '01 Feb 2021'	(b) (4), (b) (6)	03 Feb 2021 13:40:02

Folder: Participant Decision Visit / OL-D1 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 21:56:25

Collection time (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered '10:53'	(b) (4), (b) (6)	03 Feb 2021 13:40:02

Folder: Participant Decision Visit / OL-D1 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 21:56:25 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User entered '01 Feb 2021 10:53'	System	03 Feb 2021 13:40:02

Folder: Participant Decision Visit / OL-D1 (1)

Form: Central Laboratory - Nasopharyngeal Swab (Single)

Generated On: 11 Aug 2021 21:56:25

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'Yes (Y)'	(b) (4), (b) (6)	03 Feb 2021 13:40:11

Folder: Participant Decision Visit / OL-D1 (1)

Form: Central Laboratory - Nasopharyngeal Swab (Single)

Generated On: 11 Aug 2021 21:56:25

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered '01 Feb 2021'	(b) (4), (b) (6)	03 Feb 2021 13:40:11

Folder: Participant Decision Visit / OL-D1 (1)

Form: Central Laboratory - Nasopharyngeal Swab (Single)

Generated On: 11 Aug 2021 21:56:25

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered '11:01'	(b) (4), (b) (6)	03 Feb 2021 13:40:11

Folder: Participant Decision Visit / OL-D1 (1)

Form: Central Laboratory - Nasopharyngeal Swab (Single)

Generated On: 11 Aug 2021 21:56:25 Collection Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User entered '01 Feb 2021 11:01'	System	03 Feb 2021 13:40:11

Folder: Participant Decision Visit / OL-D1 (1)

Form: Continuing

Generated On: 11 Aug 2021 21:56:25
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'Yes (Y)'	(b) (4), (b) (6)	03 Feb 2021 13:39:51

Folder: Participant Decision Visit / OL-D1 (1)

Form: Continuing

Generated On: 11 Aug 2021 21:56:25

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 11:36:12
User entered '1'	System	03 Feb 2021 13:39:51

Folder: Adverse Events

Form: Adverse Events Summary Generated On: 11 Aug 2021 21:56:25

Did the participant experience any adverse events?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	03 May 2021 12:09:59
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'Yes (Y)' reason for change: Data Entry Error	Shanice Bennett (b) (4) (b) (4)	17 Sep 2020 18:38:56
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	16 Sep 2020 12:56:48

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 21:56:25

Adverse event

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
	(b) (4)	
User coded data point as SOC: Vascular disorders,	Coder Import (b) (4)	18 Sep 2020 05:42:52
HLGT: Decreased and nonspecific blood pressure	(b) (4)	
disorders and shock, HLT: Vascular hypotensive		
disorders, PT: Orthostatic hypotension, LLT:		
Orthostatic hypotension - version MedDRA\\23.0.		
User coded data point as Term Coded data point by	Coder Import (b) (4)	18 Sep 2020 05:42:52
User: (b) (6) - version MedDRA\\23.0.	(b) (4)	
Data point term sent to Coder	System	17 Sep 2020 18:40:08
User entered 'orthostatic hyotension'	Shanice Bennett (b) (4)	17 Sep 2020 18:39:56
	(b) (4)	

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 21:56:25 Was this a medically-attended AE?

User	Time (GMT)
Paul Bradley (b) (4)	23 Feb 2021 15:39:21
(b) (4) Shanice Bennett (b) (4) (b) (4)	17 Sep 2020 18:39:56
	Paul Bradley (b) (4) (b) (4) Shanice Bennett (b) (4)

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 21:56:25 Was this a Solicited Adverse Reaction?

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered 'No (N)'	(b) (4) Shanice Bennett (b) (4)	17 Sep 2020 18:39:56

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 21:56:25

Is this event a confirmed diagnosis of Symptomatic Covid-19?

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered 'No (N)'	(b) (4) Shanice Bennett (b) (4)	17 Sep 2020 18:39:56
	(b) (4)	

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 21:56:25

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered '14 Sep 2020'	(b) (4) Shanice Bennett (b) (4) (b) (4)	17 Sep 2020 18:39:56

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 21:56:25

Start time (00:00-23:59)

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered empty.	(b) (4) Shanice Bennett (b) (4) (b) (4)	17 Sep 2020 18:39:56

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 21:56:25

AE start date and time (derived)

Audit	User	Time (GMT)
User entered empty.	System	17 Sep 2020 18:39:56

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 21:56:25

Ongoing?

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User closed query 'Per DM CLR: RQ: Response noted. Please review the status of this AE and verify if this already resolved and end date is already available. If yes, please update eCRF as appropriate. Otherwise, confirm if it is still ongoing. '(Site from DM).	(b) (4), (b) (6)	15 Jan 2021 15:52:19
Query 'Per DM CLR: RQ: Response noted. Please review the status of this AE and verify if this already resolved and end date is already available. If yes, please update eCRF as appropriate. Otherwise, confirm if it is still ongoing. ' answered with 'this is still ongoing per source' (Site from DM).		13 Jan 2021 18:28:46
User opened query 'Per DM CLR: RQ: Response noted. Please review the status of this AE and verify if this already resolved and end date is already available. If yes, please update eCRF as appropriate. Otherwise, confirm if it is still ongoing. ' (Site from DM).		09 Jan 2021 06:53:19
User closed query 'Per DM CLR: Please review the status of this AE and verify if this already resolved and end date is already available. If yes, please update eCRF as appropriate. Otherwise, confirm if it is still ongoing or if it occurs intermittently, please update the AE term to include "INTERMITTENT". ' (Site from DM).	(b) (4), (b) (6)	01 Dec 2020 05:40:13
Query 'Per DM CLR: Please review the status of this AE and verify if this already resolved and end date is already available. If yes, please update eCRF as appropriate. Otherwise, confirm if it is still ongoing or if it occurs intermittently, please update the AE term to include "INTERMITTENT". ' answered with ' this is still ongoing ' (Site from DM).		30 Nov 2020 13:23:35

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 21:56:25

Ongoing?

Audit	User	Time (GMT)
User opened query 'Per DM CLR: Please review the	(b) (4), (b) (6)	25 Nov 2020 02:39:18
status of this AE and verify if this already resolved		
and end date is already available. If yes, please		
update eCRF as appropriate. Otherwise, confirm if it		
is still ongoing or if it occurs intermittently, please		
update the AE term to include		
"INTERMITTENT". ' (Site from DM).		
User closed query 'Data is required. Please	System	17 Sep 2020 18:40:43
complete.' (Site from System).		
Query 'Data is required. Please complete.' answered	System	17 Sep 2020 18:40:43
by data change (Site from System).		
User entered 'Yes (Y)' reason for change: Data	Shanice Bennett (b) (4)	17 Sep 2020 18:40:43
Entry Error	(b) (4)	
User opened query 'Data is required. Please	System	17 Sep 2020 18:39:56
complete.' (Site from System).		
User entered empty.	Shanice Bennett (b) (4)	17 Sep 2020 18:39:56
	(b) (4)	

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 21:56:25
If not Ongoing, end date (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered empty.	(b) (4) Shanice Bennett (b) (4) (b) (4)	17 Sep 2020 18:39:56

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 21:56:25

End time (00:00-23:59)

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered empty.	(b) (4) Shanice Bennett (b) (4) (b) (4)	17 Sep 2020 18:39:56

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 21:56:25

AE End Date and Time (derived)

Audit	User	Time (GMT)
User entered empty.	System	17 Sep 2020 18:39:56

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 21:56:25

Severity

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered 'Grade 2/Moderate (Grade 2/Moderate)'	(b) (4) Shanice Bennett (b) (4) (b) (4)	17 Sep 2020 18:39:56

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 21:56:25

Is the adverse event serious?

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered 'No (N)'	(b) (4) Shanice Bennett (b) (4) (b) (4)	17 Sep 2020 18:39:56

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 21:56:25

Death

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered '0'	(b) (4) Shanice Bennett (b) (4)	17 Sep 2020 18:39:56
	(b) (4)	

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 21:56:25

Life threatening

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered '0'	(b) (4) Shanice Bennett (b) (4)	17 Sep 2020 18:39:56
	(b) (4)	

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 21:56:25

Requires inpatient or prolongation of existing Hospitalization

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered '0'	(b) (4) Shanice Bennett (b) (4)	17 Sep 2020 18:39:56
	(b) (4)	

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 21:56:25 Hospital Admission Date (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered empty.	(b) (4) Shanice Bennett (b) (4) (b) (4)	17 Sep 2020 18:39:56

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 21:56:25 Hospital Discharge Date (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered empty.	(b) (4) Shanice Bennett (b) (4) (b) (4)	17 Sep 2020 18:39:56

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 21:56:25

Admitted to ICU?

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered empty.	(b) (4) Shanice Bennett (b) (4) (b) (4)	17 Sep 2020 18:39:56

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 21:56:25

Number of Days in ICU

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered empty.	(b) (4) Shanice Bennett (b) (4) (b) (4)	17 Sep 2020 18:39:56

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 21:56:25

Persistent or significant disability or incapacity

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered '0'	(b) (4) Shanice Bennett (b) (4)	17 Sep 2020 18:39:56
	(b) (4)	

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 21:56:25 Congenital anomaly or birth defect

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered '0'	(b) (4) Shanice Bennett (b) (4)	17 Sep 2020 18:39:56
	(b) (4)	

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 21:56:25

Other medically important event

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered '0'	(b) (4) Shanice Bennett (b) (4)	17 Sep 2020 18:39:56
	(b) (4)	

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 21:56:25 Relationship to investigational product

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered 'Not Related (NOT RELATED)'	(b) (4) Shanice Bennett (b) (4) (b) (4)	17 Sep 2020 18:39:56

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 21:56:25

Relationship to Study Procedure

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered 'Not Related (NOT RELATED)'	(b) (4) Shanice Bennett (b) (4) (b) (4)	17 Sep 2020 18:39:56

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 21:56:25
Action taken with investigational product

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User closed query 'Per CDM, re-query: Response is noted; however, please note that the dosing discontinuation form is completed. Kindly review and update as appropriate. ' (Site from DM).	(b) (4), (b) (6)	23 Nov 2020 14:34:50
Query 'Per CDM, re-query: Response is noted; however, please note that the dosing discontinuation form is completed. Kindly review and update as appropriate. 'answered with 'updated' (Site from DM).	Shanice Bennett (b) (4) (b) (4)	20 Nov 2020 16:03:13
User entered 'Investigational Product Withdrawn (WITHDRAWN)' reason for change: Data Entry Error	Shanice Bennett (b) (4) (b) (4)	20 Nov 2020 16:03:00
User closed query 'Per CDM: Action taken with investigational product = Dose delayed; however per Visit 2 Day 29, Exposure form the study treatment was not given due to "Physician withheld dose due to Adverse Event". Kindly review and update this field as appropriate. '(Site from DM).		20 Nov 2020 15:36:46
User opened query 'Per CDM, re-query: Response is noted; however, please note that the dosing discontinuation form is completed. Kindly review and update as appropriate. ' (Site from DM).	(b) (4), (b) (6)	20 Nov 2020 15:36:44
Query 'Per CDM: Action taken with investigational product = Dose delayed; however per Visit 2 Day 29 Exposure form the study treatment was not given due to "Physician withheld dose due to Adverse Event". Kindly review and update this field as appropriate. 'answered with 'this is correct ' (Site from DM).		19 Nov 2020 21:23:15
User opened query 'Per CDM: Action taken with investigational product = Dose delayed; however per Visit 2 Day 29, Exposure form the study treatment was not given due to "Physician withheld dose due to Adverse Event". Kindly review and update this field as appropriate. '(Site from DM).		17 Nov 2020 13:56:49
User entered 'Dose Delayed (DOSE DELAYED)'	Shanice Bennett (b) (4) (b) (4)	17 Sep 2020 18:39:56

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 21:56:25

None

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered '1'	(b) (4) Shanice Bennett (b) (4) (b) (4)	17 Sep 2020 18:39:56

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 21:56:25

Concomitant Medication

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered '0'	(b) (4) Shanice Bennett (b) (4)	17 Sep 2020 18:39:56
	(b) (4)	

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 21:56:25

Concomitant Procedure

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered '0'	(b) (4) Shanice Bennett (b) (4)	17 Sep 2020 18:39:56
	(b) (4)	

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 21:56:25

Outcome

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered 'Not Recovered/Not Resolved (NOT RECOVERED/NOT RESOLVED)'	(b) (4) Shanice Bennett (b) (4) (b) (4)	17 Sep 2020 18:39:56

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 21:56:25

If outcome is Recovered/Resolved with Sequelae, please specify the sequelae:

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered empty.	(b) (4) Shanice Bennett (b) (4) (b) (4)	17 Sep 2020 18:39:56

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 21:56:25

Narrative

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered empty.	(b) (4) Shanice Bennett (b) (4) (b) (4)	17 Sep 2020 18:39:56

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 21:56:25

Serious Adverse Event Derived (CSA Programming Field Ony)

Audit	User	Time (GMT)
User entered '0'	System	17 Sep 2020 18:39:56

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 21:56:25

Medically Attended AE Derived (CSA Programming Field Only)

Audit	User	Time (GMT)
User entered '1'	System	17 Sep 2020 18:39:56

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination Summary

Generated On: 11 Aug 2021 21:56:25

PRODUCTION RELEASE (v12.003

EAB) (1725)

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	03 May 2021 12:09:59
User closed query 'Per CDM Re-query: Per response however there is no change reflecting in eCRF, kindly review and amend as appropriate else clarify. '(Site from DM).	(b) (4), (b) (6)	06 Apr 2021 12:24:15
Query 'Per CDM Re-query: Per response however there is no change reflecting in eCRF, kindly review and amend as appropriate else clarify. ' answered with 'it is recorded in medical history ' (Site from DM).	(b) (4), (b) (6)	01 Apr 2021 13:30:27
User opened query 'Per CDM Re-query: Per response however there is no change reflecting in eCRF, kindly review and amend as appropriate else clarify. '(Site from DM).	e (b) (4), (b) (6)	26 Mar 2021 02:54:31
User closed query 'Per CDM Review: "Have you ever received facial cosmetic injections?" is checked YES on the eDiary, however, there are no Concomitant Procedures, Concomitant Medications, or Medical History capturing that this patient has ever received a cosmetic injection. Please review and update the database as appropriate or confirm if the eDiary response was in error.		26 Mar 2021 02:54:31
'(Site from DM). Query 'Per CDM Review: "Have you ever received facial cosmetic injections?" is checked YES on the eDiary, however, there are no Concomitant Procedures, Concomitant Medications, or Medical History capturing that this patient has ever received a cosmetic injection. Please review and update the database as appropriate or confirm if the eDiary response was in error. 'answered with 'updated' (Site from DM).	(b) (4), (b) (6)	24 Mar 2021 15:51:52
User opened query 'Per CDM Review: "Have you ever received facial cosmetic injections?" is checked YES on the eDiary, however, there are no Concomitant Procedures, Concomitant Medications, or Medical History capturing that this patient has ever received a cosmetic injection. Please review and update the database as appropriate or confirm if the eDiary response was in error. '(Site from DM).		23 Mar 2021 10:14:27

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Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination Summary

Generated On: 11 Aug 2021 21:56:25

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

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered 'Yes (Y)'	(b) (4) Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:01:38

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 11 Aug 2021 21:56:25

Name of Medication

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User coded data point as ATC: GENITO URINARY SYSTEM AND SEX HORMONES, ATC: SEX	(b) (4) Coder Import (b) (4)	06 Sep 2020 10:30:56
HORMONES AND MODULATORS OF THE		
GENITAL SYSTEM, ATC: ESTROGENS, ATC:		
NATURAL AND SEMISYNTHETIC		
ESTROGENS, PLAIN, PRODUCT: ESTRADIOL -		
version WHODrug-Global-B3\\202003.		
User coded data point as Term Coded data point by	Coder Import (b) (4)	06 Sep 2020 10:30:56
User: (b) (6) - version	(b) (4)	
WHODrug-Global-B3\\202003.		
Data point term sent to Coder	System	02 Sep 2020 17:31:57
Coding entries removed.	Stella Yoon (b) (4)	02 Sep 2020 17:31:37
User coded data point as ATC: GENITO URINARY SYSTEM AND SEX HORMONES, ATC: SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM, ATC: ESTROGENS, ATC: NATURAL AND SEMISYNTHETIC ESTROGENS, PLAIN, PRODUCT: ESTRADIOL - version WHODrug-Global-B3\\202003.	(b) (4)	04 Aug 2020 23:43:07
User coded data point as Term Coded data point by User: (b) (6) - version WHODrug-Global-B3\\202003.	Coder Import (b) (4)	04 Aug 2020 23:43:07
Data point term sent to Coder	System	29 Jul 2020 16:03:54
User entered 'ESTRADOIL PATCH'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:03:31

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 11 Aug 2021 21:56:25

Prophylaxis

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered 'No (N)'	(b) (4) Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:03:31

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 11 Aug 2021 21:56:25

Indication

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered 'POST MENOPAUSAL'	(b) (4) Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:03:31

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 11 Aug 2021 21:56:25

Dose per administration

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered '0.0375'	(b) (4) Shanice Bennett (b) (4)	29 Jul 2020 16:03:31
	(b) (4)	

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 11 Aug 2021 21:56:25

Dose unit

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered 'mg (mg)'	(b) (4) Shanice Bennett (b) (4)	29 Jul 2020 16:03:31
	(b) (4)	

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 11 Aug 2021 21:56:25

If dose unit is Other, specify

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered empty.	(b) (4) Shanice Bennett (b) (4)	29 Jul 2020 16:03:31
	(b) (4)	

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 11 Aug 2021 21:56:25

Frequency

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered 'twice daily (BID)'	(b) (4) Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:03:31

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 11 Aug 2021 21:56:25

If frequency is Other, specify

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered empty.	(b) (4) Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:03:31

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 11 Aug 2021 21:56:25

Route of administration

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
	(b) (4)	
User closed query 'Per DM CLR: please review the	(b) (4), (b) (6)	08 Sep 2020 13:20:56
Route as this medication is not typically administered	d	
with the dose indicated. Please update route (eg.		
Transdermal) as appropriate. Otherwise, please		
confirm route.' (Site from DM).		
Query 'Per DM CLR: please review the Route as this		02 Sep 2020 17:31:41
medication is not typically administered with the	(b) (4)	
dose indicated. Please update route (eg. Transdermal)	
as appropriate. Otherwise, please confirm route.'		
answered with 'updated' (Site from DM).		
User entered 'Transdermal (TRANSDERMAL)'	Stella Yoon (b) (4)	02 Sep 2020 17:31:37
reason for change: Data Entry Error	(b) (4)	
User opened query 'Per DM CLR: please review the	(b) (4), (b) (6)	01 Sep 2020 15:22:18
Route as this medication is not typically administered	d	
with the dose indicated. Please update route (eg.		
Transdermal) as appropriate. Otherwise, please		
confirm route.' (Site from DM).		
User entered 'Topical (TOPICAL)'	Shanice Bennett (b) (4)	29 Jul 2020 16:03:31
	(b) (4)	

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 11 Aug 2021 21:56:25
If route of administration is Other, specify

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered empty.	(b) (4) Shanice Bennett (b) (4)	29 Jul 2020 16:03:31
	(b) (4)	

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 11 Aug 2021 21:56:25

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User closed 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).	(b) (4), (b) (6)	03 Aug 2020 12:36:08
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 answered with 'CORRECT' (Site from System).	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:06:04
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	29 Jul 2020 16:03:31
User entered 'UN UNK 2019'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:03:31

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 11 Aug 2021 21:56:25

Start date completely unknown

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered '0'	(b) (4) Shanice Bennett (b) (4)	29 Jul 2020 16:03:31
	(b) (4)	

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 11 Aug 2021 21:56:25

Ongoing?

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered 'Yes (Y)'	(b) (4) Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:03:31

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 11 Aug 2021 21:56:25
If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered empty.	(b) (4) Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:03:31

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 11 Aug 2021 21:56:25

Was this medication taken for solicited event?

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered 'No (N)'	(b) (4) Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:03:31

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 11 Aug 2021 21:56:25 Separate Dosage Number (derived)

Audit	User	Time (GMT)
User entered '2'	System	29 Jul 2020 16:03:31

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 11 Aug 2021 21:56:25 Interval Dosage Unit Number (derived)

Audit	User	Time (GMT)
User entered '1'	System	29 Jul 2020 16:03:31

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 11 Aug 2021 21:56:25 Interval Dosage Definition (derived)

Audit	User	Time (GMT)
User entered '804 (804)'	System	29 Jul 2020 16:03:31

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 11 Aug 2021 21:56:25

Name of Medication

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
	(b) (4)	
User coded data point as ATC: GENITO URINARY		11 Sep 2020 05:54:48
SYSTEM AND SEX HORMONES, ATC: OTHER	(b) (4)	
GYNECOLOGICALS, ATC: CONTRACEPTIVES		
FOR TOPICAL USE, ATC: INTRAUTERINE		
CONTRACEPTIVES, PRODUCT:		
PROGESTERONE - version		
WHODrug-Global-B3\\202003.		
User coded data point as Term Coded data point by	Coder Import (b) (4)	11 Sep 2020 05:54:48
User: (b) (6) - version	(b) (4)	
WHODrug-Global-B3\\202003.		
Data point term sent to Coder	System	10 Sep 2020 19:00:38
Coding entries removed.	Shanice Bennett (b) (4)	10 Sep 2020 19:00:07
	(b) (4)	
User coded data point as ATC: GENITO URINARY		03 Aug 2020 21:40:36
SYSTEM AND SEX HORMONES, ATC: SEX	(b) (4)	
HORMONES AND MODULATORS OF THE		
GENITAL SYSTEM, ATC: PROGESTOGENS,		
ATC: PREGNEN (4) DERIVATIVES, PRODUCT:		
PROGESTERONE - version		
WHODrug-Global-B3\\202003.		
User coded data point as Term Coded data point by	Coder Import (b) (4)	03 Aug 2020 21:40:36
User: Coder System - version	(b) (4)	
WHODrug-Global-B3\\202003.		
Data point term sent to Coder	System	29 Jul 2020 16:04:55
User entered 'PROGESTERONE'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:04:02

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 11 Aug 2021 21:56:25

Prophylaxis

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered 'No (N)'	(b) (4) Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:04:02

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 11 Aug 2021 21:56:25

Indication

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered 'POST MENOPAUSAL'	(b) (4) Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:04:02

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 11 Aug 2021 21:56:25

Dose per administration

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered '90'	(b) (4) Shanice Bennett (b) (4)	29 Jul 2020 16:04:02
	(b) (4)	

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 11 Aug 2021 21:56:25

Dose unit

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered 'mg (mg)'	(b) (4) Shanice Bennett (b) (4)	29 Jul 2020 16:04:02
	(b) (4)	

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 11 Aug 2021 21:56:25

If dose unit is Other, specify

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered empty.	(b) (4) Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:04:02

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 11 Aug 2021 21:56:25

Frequency

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered 'once daily (QD)'	(b) (4) Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:04:02

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 11 Aug 2021 21:56:25

If frequency is Other, specify

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered empty.	(b) (4) Shanice Bennett (b) (4)	29 Jul 2020 16:04:02
	(b) (4)	

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 11 Aug 2021 21:56:25

Route of administration

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User closed query 'Per DM CLR: please review the Route as this medication is not typically administered with the dose indicated. Please update route as appropriate. Otherwise, please confirm route.' (Site	(b) (4) (b) (4), (b) (6)	11 Sep 2020 13:09:48
from DM). Query 'Per DM CLR: please review the Route as this medication is not typically administered with the dose indicated. Please update route as appropriate. Otherwise, please confirm route.' answered with	Shanice Bennett (b) (4) (b) (4)	10 Sep 2020 19:00:23
'updated' (Site from DM). User entered 'Transdermal (TRANSDERMAL)' reason for change: Data Entry Error	Shanice Bennett (b) (4) (b) (4)	10 Sep 2020 19:00:07
User opened query 'Per DM CLR: please review the Route as this medication is not typically administered with the dose indicated. Please update route as appropriate. Otherwise, please confirm route.' (Site	(b) (4), (b) (6)	01 Sep 2020 15:23:50
from DM). User entered 'Oral (ORAL)'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:04:02

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 11 Aug 2021 21:56:25
If route of administration is Other, specify

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered empty.	(b) (4) Shanice Bennett (b) (4)	29 Jul 2020 16:04:02
	(b) (4)	

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 11 Aug 2021 21:56:25

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User closed 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).	(b) (4), (b) (6)	03 Aug 2020 12:36:13
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 answered with 'CORRECT' (Site from System).	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:05:56
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	29 Jul 2020 16:04:02
User entered 'UN UNK 2019'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:04:02

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 11 Aug 2021 21:56:25

Start date completely unknown

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered '0'	(b) (4) Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:04:02

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 11 Aug 2021 21:56:25

Ongoing?

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered 'Yes (Y)'	(b) (4) Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:04:02

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 11 Aug 2021 21:56:25
If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered empty.	(b) (4) Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:04:02

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 11 Aug 2021 21:56:25

Was this medication taken for solicited event?

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered 'No (N)'	(b) (4) Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:04:02

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 11 Aug 2021 21:56:25 Separate Dosage Number (derived)

Audit	User	Time (GMT)
User entered '1'	System	29 Jul 2020 16:04:02

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 11 Aug 2021 21:56:25 Interval Dosage Unit Number (derived)

Audit	User	Time (GMT)
User entered '1'	System	29 Jul 2020 16:04:02

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 11 Aug 2021 21:56:25 Interval Dosage Definition (derived)

Audit	User	Time (GMT)
User entered '804 (804)'	System	29 Jul 2020 16:04:02

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 11 Aug 2021 21:56:25

Name of Medication

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
	(b) (4)	
User coded data point as ATC: GENITO URINARY	Coder Import (b) (4)	10 Aug 2020 18:24:23
SYSTEM AND SEX HORMONES, ATC: SEX	(b) (4)	
HORMONES AND MODULATORS OF THE		
GENITAL SYSTEM, ATC: ANDROGENS, ATC:		
3-OXOANDROSTEN (4) DERIVATIVES,		
PRODUCT: TESTOSTERONE - version		
WHODrug-Global-B3\\202003.		
User coded data point as Term Coded data point by	Coder Import (b) (4)	10 Aug 2020 18:24:23
User: (b) (6) - version	(b) (4)	
WHODrug-Global-B3\\202003.		
Data point term sent to Coder	System	29 Jul 2020 16:04:55
User entered 'TESTOSTERONE'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:04:48

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 11 Aug 2021 21:56:25

Prophylaxis

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered 'No (N)'	(b) (4) Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:04:48

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 11 Aug 2021 21:56:25

Indication

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered 'POST MENOPAUSAL'	(b) (4) Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:04:48

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 11 Aug 2021 21:56:25

Dose per administration

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered '.75'	(b) (4) Shanice Bennett (b) (4)	29 Jul 2020 16:04:48
	(b) (4)	

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 11 Aug 2021 21:56:25

Dose unit

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered 'mg (mg)'	(b) (4) Shanice Bennett (b) (4)	29 Jul 2020 16:04:48
	(b) (4)	

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 11 Aug 2021 21:56:25

If dose unit is Other, specify

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered empty.	(b) (4) Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:04:48

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 11 Aug 2021 21:56:25

Frequency

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered 'once daily (QD)'	(b) (4) Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:04:48

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 11 Aug 2021 21:56:25

If frequency is Other, specify

User	Time (GMT)
Paul Bradley (b) (4)	23 Feb 2021 15:39:21
	29 Jul 2020 16:04:48
	Paul Bradley (b) (4)

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 11 Aug 2021 21:56:25

Route of administration

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered 'Topical (TOPICAL)'	(b) (4) Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:04:48

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 11 Aug 2021 21:56:25
If route of administration is Other, specify

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered empty.	(b) (4) Shanice Bennett (b) (4)	29 Jul 2020 16:04:48
	(b) (4)	

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 11 Aug 2021 21:56:25

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User closed 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).	(b) (4), (b) (6)	03 Aug 2020 12:36:17
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 answered with 'CORRECT' (Site from System).	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:04:51
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	29 Jul 2020 16:04:48
User entered 'UN UNK 2019'	Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:04:48

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 11 Aug 2021 21:56:25

Start date completely unknown

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered '0'	(b) (4) Shanice Bennett (b) (4)	29 Jul 2020 16:04:48
	(b) (4)	

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 11 Aug 2021 21:56:25

Ongoing?

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered 'Yes (Y)'	(b) (4) Shanice Bennett (b) (4) (b) (4)	29 Jul 2020 16:04:48

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 11 Aug 2021 21:56:25
If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered empty.	(b) (4) Shanice Bennett (b) (4)	29 Jul 2020 16:04:48
	(b) (4)	

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 11 Aug 2021 21:56:25

Was this medication taken for solicited event?

(GMT)	User	Audit
b 2021 15:39:21	Paul Bradley (b) (4)	User signature succeeded.
1 2020 16:04:48	(b) (4) Shanice Bennett (b) (4)	User entered 'No (N)'
1	(b) (4) Shanice Bennett (b) (4) (b) (4)	User entered 'No (N)'

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 11 Aug 2021 21:56:25 Separate Dosage Number (derived)

Audit	User	Time (GMT)
User entered '1'	System	29 Jul 2020 16:04:48

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 11 Aug 2021 21:56:25 Interval Dosage Unit Number (derived)

Audit	User	Time (GMT)
User entered '1'	System	29 Jul 2020 16:04:48

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 11 Aug 2021 21:56:25 Interval Dosage Definition (derived)

Audit	User	Time (GMT)
User entered '804 (804)'	System	29 Jul 2020 16:04:48

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 11 Aug 2021 21:56:25

Name of Medication

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Apr 2021 09:27:35
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User closed query 'Per MM: please confirm if the subject did not meet EC#9 (Has received or plans to receive a non-study vaccine within 28 days prior to after any dose of IP (except for seasonal influenza vaccine which is not permitted within 14 days before or after any dose of IP). If met, please report as possible PD. ' (Site from DM).	(b) (4), (b) (6)	28 Sep 2020 21:10:26
Query 'Per MM: please confirm if the subject did no meet EC#9 (Has received or plans to receive a non-study vaccine within 28 days prior to or after an dose of IP (except for seasonal influenza vaccine which is not permitted within 14 days before or after any dose of IP). If met, please report as possible PD 'answered with 'PD CONFIRMED' (Site from DM)	(b) (4)	22 Sep 2020 19:02:17
User opened query 'Per MM: please confirm if the subject did not meet EC#9 (Has received or plans to receive a non-study vaccine within 28 days prior to after any dose of IP (except for seasonal influenza vaccine which is not permitted within 14 days before or after any dose of IP). If met, please report as possible PD. ' (Site from DM).	(b) (4), (b) (6)	17 Sep 2020 12:06:10
User coded data point as ATC: ANTIINFECTIVES FOR SYSTEMIC USE, ATC: VACCINES, ATC: BACTERIAL VACCINES, ATC: PERTUSSIS VACCINES, PRODUCT: DIPHTHERIA VACCINITOXOID; PERTUSSIS VACCINE ACELLULAR; TETANUS VACCINE TOXOID, PRODUCTSYNONYM: TDAP - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	11 Sep 2020 12:11:41
User coded data point as Term Coded data point by User: (b) (6) - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (4)	11 Sep 2020 12:11:41
Data point term sent to Coder Data point term sent to Coder	System System	27 Aug 2020 18:55:42 27 Aug 2020 18:54:41

PRODUCTION RELEASE (v12.003 EAB) (1725)

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Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 11 Aug 2021 21:56:25

Name of Medication

Audit	User	Time (GMT)
User entered 'TETNUS/REDUCED DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS	Shanice Bennett (b) (4) (b) (4)	27 Aug 2020 18:54:33
VACCINE'	(b) (¬)	

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 11 Aug 2021 21:56:25

Prophylaxis

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Apr 2021 09:27:35
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'Yes (Y)'	Shanice Bennett (b) (4) (b) (4)	27 Aug 2020 18:54:33

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 11 Aug 2021 21:56:25

Indication

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Apr 2021 09:27:35
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User closed query 'Data is required. Please complete.' (Site from System).	System	27 Aug 2020 18:54:50
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	27 Aug 2020 18:54:50
User entered 'PROPHYLAXIS' reason for change: Data Entry Error	Shanice Bennett (b) (4) (b) (4)	27 Aug 2020 18:54:50
User opened query 'Data is required. Please complete.' (Site from System).	System	27 Aug 2020 18:54:33
User entered empty.	Shanice Bennett (b) (4) (b) (4)	27 Aug 2020 18:54:33

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 11 Aug 2021 21:56:25

Dose per administration

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Apr 2021 09:27:35
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered '0.5'	Shanice Bennett (b) (4) (b) (4)	27 Aug 2020 18:54:33

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 11 Aug 2021 21:56:25

Dose unit

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Apr 2021 09:27:35
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'mL (mL)'	Shanice Bennett (b) (4) (b) (4)	27 Aug 2020 18:54:33

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 11 Aug 2021 21:56:25

If dose unit is Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Apr 2021 09:27:35
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered empty.	Shanice Bennett (b) (4) (b) (4)	27 Aug 2020 18:54:33

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 11 Aug 2021 21:56:25

Frequency

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Apr 2021 09:27:35
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'once (ONCE)'	Shanice Bennett (b) (4) (b) (4)	27 Aug 2020 18:54:33

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 11 Aug 2021 21:56:25

If frequency is Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Apr 2021 09:27:35
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered empty.	Shanice Bennett (b) (4) (b) (4)	27 Aug 2020 18:54:33

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 11 Aug 2021 21:56:25

Route of administration

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Apr 2021 09:27:35
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered 'Intramuscular (INTRAMUSCULAR)'	(b) (4) Shanice Bennett (b) (4)	27 Aug 2020 18:54:33
	(b) (4)	

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 11 Aug 2021 21:56:25
If route of administration is Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Apr 2021 09:27:35
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered empty.	Shanice Bennett (b) (4) (b) (4)	27 Aug 2020 18:54:33

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 11 Aug 2021 21:56:25

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Apr 2021 09:27:35
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered '24 Aug 2020'	Shanice Bennett (b) (4) (b) (4)	27 Aug 2020 18:54:33

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 11 Aug 2021 21:56:25

Start date completely unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Apr 2021 09:27:35
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered '0'	Shanice Bennett (b) (4) (b) (4)	27 Aug 2020 18:54:33

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 11 Aug 2021 21:56:25

Ongoing?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Apr 2021 09:27:35
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	27 Aug 2020 18:54:33

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 11 Aug 2021 21:56:25
If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Apr 2021 09:27:35
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered '24 Aug 2020'	Shanice Bennett (b) (4) (b) (4)	27 Aug 2020 18:54:33

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 11 Aug 2021 21:56:25

Was this medication taken for solicited event?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Apr 2021 09:27:35
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered 'No (N)'	Shanice Bennett (b) (4) (b) (4)	27 Aug 2020 18:54:33

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 11 Aug 2021 21:56:25 Separate Dosage Number (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Apr 2021 09:27:35
User entered empty.	System	27 Aug 2020 18:54:33

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 11 Aug 2021 21:56:25 Interval Dosage Unit Number (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Apr 2021 09:27:35
User entered empty.	System	27 Aug 2020 18:54:33

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (4)

Generated On: 11 Aug 2021 21:56:25 Interval Dosage Definition (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Apr 2021 09:27:35
User entered empty.	System	27 Aug 2020 18:54:33

Folder: Concomitant Procedures (1)
Form: Concomitant Procedures Summary
Generated On: 11 Aug 2021 21:56:25
Were any concomitant procedures performed?

Audit	User	Time (GMT)
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User entered 'No (N)'	(b) (4) Shanice Bennett (b) (4) (b) (4)	16 Sep 2020 12:56:54

Folder: End of Study (1)
Form: Dosing Discontinuation

Generated On: 11 Aug 2021 21:56:25

Date of dosing discontinuation (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 04:55:06
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	23 Feb 2021 15:39:21
User entered '28 Sep 2020'	Shanice Bennett (b) (4) (b) (4)	18 Nov 2020 12:45:39

Folder: End of Study (1)
Form: Dosing Discontinuation

Generated On: 11 Aug 2021 21:56:25
Primary reason for dosing discontinuation

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 04:55:06
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User closed query 'Per CDM: per End of Study form subject discontinued due to PI decision due to AE. Please review if the reason should be updated to AE If yes, please record AE number in the other Specify field and update the action taken with investigational product to study drug withdrawn on the AE page. Please also reconcile with the Exposure form at Visit 2 Day 29. Thank you.' (Site from DM).		20 Nov 2020 15:33:52
Query 'Per CDM: per End of Study form subject discontinued due to PI decision due to AE. Please review if the reason should be updated to AE. If yes, please record AE number in the other Specify field and update the action taken with investigational product to study drug withdrawn on the AE page. Please also reconcile with the Exposure form at Visit 2 Day 29. Thank you.' answered with 'updated' (Site from DM).		20 Nov 2020 14:50:36
User entered 'AE (specify) (ADVERSE EVENT)' reason for change: Data Entry Error	Shanice Bennett (b) (4) (b) (4)	20 Nov 2020 14:50:30
User opened query 'Per CDM: per End of Study form subject discontinued due to PI decision due to AE. Please review if the reason should be updated to AE If yes, please record AE number in the other Specify field and update the action taken with investigational product to study drug withdrawn on the AE page. Please also reconcile with the Exposure form at Visit 2 Day 29. Thank you.' (Site from DM).	(b) (4), (b) (6)	20 Nov 2020 11:00:12
User entered 'Physician decision (specify) (PHYSICIAN DECISION)'	Shanice Bennett (b) (4) (b) (4)	18 Nov 2020 12:45:39

Folder: End of Study (1)
Form: Dosing Discontinuation
Generated On: 11 Aug 2021 21:56:25

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

Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 04:55:06
User signature succeeded.	Paul Bradley (b) (4) (b) (4)	05 Mar 2021 22:53:51
User closed query 'Per CDM: Per sponsor review, please update specify field to include AE. (i.e AE#1)	(b) (4), (b) (6)	05 Mar 2021 08:58:50
Thank you.' (Site from DM). Query 'Per CDM: Per sponsor review, please update specify field to include AE. (i.e AE#1). Thank you.' answered with 'UPDATED' (Site from DM).	(b) (4), (b) (6)	04 Mar 2021 18:30:40
Signature has been broken.	(b) (4), (b) (6)	04 Mar 2021 18:30:34
User entered 'AE#1' reason for change: Per Query Resolution	(b) (4), (b) (6)	04 Mar 2021 18:30:34
User opened query 'Per CDM: Per sponsor review, please update specify field to include AE. (i.e AE#1) Thank you.' (Site from DM).	(b) (4), (b) (6)	02 Mar 2021 19:08:13
User signature succeeded.	Paul Bradley (b) (4)	23 Feb 2021 15:39:21
User closed query 'Per CDM Re-query: updated noted however, per CCGs please record AE log line number only (i.e. AE #1, etc.)' (Site from DM).	(b) (4) (b) (4), (b) (6)	26 Nov 2020 05:38:57
Query 'Per CDM Re-query: updated noted however, per CCGs please record AE log line number only (i.e AE #1, etc.)' answered with 'UPDATED' (Site from DM).	Morgan Deal (b) (4) . (b) (4)	25 Nov 2020 20:08:07
User entered '#1' reason for change: Per Query Resolution	Morgan Deal (b) (4) (b) (4)	25 Nov 2020 20:07:58
User opened query 'Per CDM Re-query: updated noted however, per CCGs please record AE log line number only (i.e. AE #1, etc.)' (Site from DM).	(b) (4), (b) (6)	23 Nov 2020 01:31:40
User closed query 'Per CDM: Please note that the log line number of the AE needs to be recorded in this field. Kindly update as appropriate. ' (Site from DM).		23 Nov 2020 01:31:40
Query 'Per CDM: Please note that the log line number of the AE needs to be recorded in this field. Kindly update as appropriate. 'answered with 'updated' (Site from DM).	Shanice Bennett (b) (4) (b) (4)	20 Nov 2020 16:04:20
User entered '#1 DUE TO AE' reason for change: Data Entry Error	Shanice Bennett (b) (4) (b) (4)	20 Nov 2020 16:03:41

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Folder: End of Study (1)
Form: Dosing Discontinuation
Generated On: 11 Aug 2021 21:56:25

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

Other, specify

Audit	User	Time (GMT)
User opened query 'Per CDM: Please note that the log line number of the AE needs to be recorded in	(b) (4), (b) (6)	20 Nov 2020 15:33:06
this field. Kindly update as appropriate. ' (Site from DM).		
User entered 'Due to AE'	Shanice Bennett (b) (4) (b) (4)	18 Nov 2020 12:45:39