US3402300 (Prod: Meridian Clinical Research, LLC)

Generated By: KC Joubran

Generated On: 11 Aug 2021 22:35:15

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Form: Participant Creation

Data signed: (b) (4) 26 Apr 2021 23:06:26

Generated On: 11 Aug 2021 22:35:15

Participant ID US3402300

mRNA-1273-P301 Completion Guidelines

Folder: Screening Form: Visit Date

Data signed: (b) (4) 15 Feb 2021 17:50:19

Was this visit performed?	Yes
	No
Visit date (dd MMM yyyy)	08 AUG 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) 15 Feb 2021 17:50:19

G	
Date of Birth (MMM yyyy)	(b) (6) 1976
Age	44
Age Units	YEARS
Age (Derived)	44
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) 15 Feb 2021 17:50:19

Date of Informed Consent (dd MMM yyyy)	8 AUG 2020
Month and Year of Informed Consent (derived)	AUG 2020
Year of Informed Consent (derived)	2020
Protocol Version	Amendment 1
	Amendment 2
	Amendment 3
	Amendment 4
	Amendment 5
Was participant enrolled in the study?	Yes
	No
If No, indicate reason for screen fail	Withdrew Consent
	Inclusion/Exclusion
	Cohort Full
	Other
If reason for screen fail is Other, specify	
Was this participant screened previously?	Yes
	No
If Yes, previous participant number	
Enrollment Trigger	1

Folder: Screening

Form: Inclusion/Exclusion Criteria Summary
Data signed: (b) (4) 15 Feb 2021 17:50:19

Generated On: 11 Aug 2021 22:35:15

Did the participant meet all eligibility criteria?

Yes

Folder: Screening

Form: Medical History Summary

Data signed: (b) (4) 15 Feb 2021 17:50:19

Generated On: 11 Aug 2021 22:35:15

Were any significant conditions reported?

Yes

No

Folder: Screening

Form: Medical History (1)

Data signed: (b) (4) 15 Feb 2021 17:50:19

Condition	FACTOR V LEIDEN
Start date (dd MMM yyyy)	UN UNK 2008
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 2008
Start Year (derived)	2008
Stop Month and Year (derived)	
Stop Year (derived)	

Folder: Screening

Form: Medical History (2)

Data signed: (b) (4) 15 Feb 2021 17:50:19

Condition	OTOSCLEROSIS RIGHT EAR
Start date (dd MMM yyyy)	UN UNK 2008
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 2008
Start Year (derived)	2008
Stop Month and Year (derived)	
Stop Year (derived)	

Folder: Screening Form: Vital Signs

Data signed: (b) (4) 15 Feb 2021 17:50:19

Were vital signs assessed?	Yes
	No
Date of assessment (dd MMM yyyy)	8 AUG 2020
Time of assessment (00:00-23:59)	13:44 (24 HR)
Vital Signs Date and Time (derived)	8 AUG 2020 13:44
Height (xxx.x)	166.7 cm
Weight (xxx.x)	68.7 kg
BMI (xxx.x)	24.72211 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) 15 Feb 2021 17:50:19

Generated On: 11 Aug 2021 22:35:15

Was the physical examination performed?

Yes No

Date of examination (dd MMM yyyy)

08 AUG 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) 15 Feb 2021 17:50:19

Date of assessment (dd MMM yyyy)	8 AUG 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)	
Date of last menstruation unknown	False

Folder: Screening Form: Pregnancy Test

Data signed: (b) (4) 15 Feb 2021 17:50:19

Was the pregnancy test performed?	Yes
	No
Date of test (dd MMM yyyy)	8 AUG 2020
Test performed	Urine
	Serum
Result	Positive
	Negative
Was FSH sample collected?	Yes
	No
Collection date	
Collection time	
Collection date and time (derived)	

Folder: Screening
Form: Risk of Exposure

Data signed: (b) (4) 15 Feb 2021 17:50:19

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	Fals
Resides in Nursing Home or Assisted Living Facility	Fals
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EAB) (1725)	13 of 160

Folder: Screening
Form: Risk of Exposure

Data signed: (b) (4) 15 Feb 2021 17:50:19

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)	True
Other	False
Specify	

Folder: Visit 1 Day 1 Form: Visit Date

Data signed: (b) (4) 15 Feb 2021 17:50:19

Was this visit performed?	Yes
	No
Visit date (dd MMM yyyy)	8 AUG 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) 15 Feb 2021 17:50:19

What was the date of randomization? (dd MMM yyyy)	08 AUG 2020
What was the participant's randomization number?	102390
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 a actual condition is recorded on the Medical History form)	re 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
Human Immunodeficiency Virus (HIV) infection	Yes
	No

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Data signed: (b) (4) 15 Feb 2021 17:50:19

Height	ND - Not Done
Weight	ND - Not Done

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Data signed: (b) (4) 15 Feb 2021 17:50:19

Height	ND - Not Done
Weight	ND - Not Done
Timepoint	Pre-Dose
	Post-Dose O
Were vital signs assessed?	Yes
	No
Date of assessment (dd MMM yyyy)	8 AUG 2020
Time of assessment (00:00-23:59)	13:44 (24 HR)
Vital Signs Date and Time (derived)	8 AUG 2020 13:44
Temperature (xxx.x)	98.2 F
Route of measurement	Oral
	Axillary
	Other
If Other, specify	
Pulse (xxx)	82 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	14 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	128 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	78 mmHg
Diastolic Blood Pressure units	MMHG

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Data signed: (b) (4) 15 Feb 2021 17:50:19

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)	8 AUG 2020
Time of assessment (00:00-23:59)	14:54 (24 HR)
Vital Signs Date and Time (derived)	8 AUG 2020 14:54
Temperature (xxx.x)	97.1 F
Route of measurement	Oral
	Axillary
	Other
If Other, specify	
Pulse (xxx)	65 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	14 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	115 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	77 mmHg
Diastolic Blood Pressure units	MMHG

Folder: Visit 1 Day 1

Form: Physical Examination

Data signed: (b) (4) 15 Feb 2021 17:50:19

Generated On: 11 Aug 2021 22:35:15

Was the physical examination performed?

Yes No

Date of examination (dd MMM yyyy)

8 AUG 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: Pregnancy Test

Data signed: (b) (4) 15 Feb 2021 17:50:19

Was the pregnancy test performed?	Yes	
	No	
Date of test (dd MMM yyyy)		
Test performed	Urine	
	Serum	
Result	Positive	
	Negative	
Was FSH sample collected?	Yes	
	No	
Collection date		
Collection time		
Collection date and time (derived)		

Folder: Visit 1 Day 1 Form: Exposure

Data signed: (b) (4) 15 Feb 2021 17:50:19

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)	8 AUG 2020
What was the treatment time? (00:00-23:59)	14:23 (24 HR)
Treatment Date and Time (derived)	8 AUG 2020 14:23
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) 15 Feb 2021 17:50:19

Was the sample collected?	Yes
	No
Collection date (dd MMM yyyy)	8 AUG 2020
Collection time (00:00-23:59)	14:10 (24 HR)
Collection date and time (derived)	8 AUG 2020 14:10

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab Data signed: (b) (4) 26 Apr 2021 23:06:27

Collection date (dd MMM yyyy)			8 AUG 2020
Lab Test	Was the sample collected?	Collection time (00:00 - 23:59)	Collection date and time (derived)
Nasopharyngeal Swab 1	Yes	14:07	8 AUG 2020 14:07
Nasopharyngeal Swab 2	No		

Folder: Visit 1 Day 1
Form: Continuing

Data signed: (b) (4) 15 Feb 2021 17:50:19

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 22:35:15

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	97.1 °F
Was any MEDICATION TAKEN today for pain or fever?	Yes
	No
Please confirm reason for pain or fever medication (may select more than one):	
PC Time Stamp	08 AUG 2020 14:55
PC Open Date & Time	08 AUG 2020 14:43
PC Close Date & Time	08 AUG 2020 17:13

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

Generated On: 11 Aug 2021 22:35:15

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	96.4 °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	08 AUG 2020 22:47
PC Open Date & Time	08 AUG 2020 18:08
PC Close Date & Time	09 AUG 2020 11:59

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

Generated On: 11 Aug 2021 22:35:15

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	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):	
To TREAT pain or fever that has already occurred	True
To PREVENT pain or fever from occurring	False
PC Time Stamp	09 AUG 2020 20:05
PC Open Date & Time	09 AUG 2020 12:00
PC Close Date & Time	10 AUG 2020 11:59

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

Generated On: 11 Aug 2021 22:35:15

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	96.9 °F
Was any MEDICATION TAKEN today for pain or fever?	Yes
	No
Please confirm reason for pain or fever medication (may select more than one):	
PC Time Stamp	11 AUG 2020 10:20
PC Open Date & Time	10 AUG 2020 12:00
PC Close Date & Time	11 AUG 2020 11:59

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

Generated On: 11 Aug 2021 22:35:15

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	96.9 °F
Was any MEDICATION TAKEN today for pain or fever?	Yes
	No
Please confirm reason for pain or fever medication (may select more than one):	
PC Time Stamp	12 AUG 2020 08:22
PC Open Date & Time	11 AUG 2020 12:00
PC Close Date & Time	12 AUG 2020 11:59

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

Generated On: 11 Aug 2021 22:35:15

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	97.2 °F
Was any MEDICATION TAKEN today for pain or fever?	Yes
	No
Please confirm reason for pain or fever medication (may select more than one):	
PC Time Stamp	13 AUG 2020 08:14
PC Open Date & Time	12 AUG 2020 12:00
PC Close Date & Time	13 AUG 2020 11:59

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

Generated On: 11 Aug 2021 22:35:15

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	97.2 °F
Was any MEDICATION TAKEN today for pain or fever?	Yes
	No
Please confirm reason for pain or fever medication (may select more than one):	
PC Time Stamp	13 AUG 2020 18:19
PC Open Date & Time	13 AUG 2020 12:00
PC Close Date & Time	14 AUG 2020 11:59

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

Generated On: 11 Aug 2021 22:35:15

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	96.2 °F
Was any MEDICATION TAKEN today for pain or fever?	Yes
	No
Please confirm reason for pain or fever medication (may select more than one):	_
PC Time Stamp	15 AUG 2020 07:59
PC Open Date & Time	14 AUG 2020 12:00
PC Close Date & Time	15 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	08 AUG 2020 14:56
PC Open Date & Time	08 AUG 2020 14:43
PC Close Date & Time	08 AUG 2020 17:13
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·

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	08 AUG 2020 22:48
PC Open Date & Time	08 AUG 2020 18:08
PC Close Date & Time	09 AUG 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
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	09 AUG 2020 20:07
PC Open Date & Time	09 AUG 2020 12:00
PC Close Date & Time	10 AUG 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
is there any REDIVESS AT INSECTION SITE:	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	11 AUG 2020 10:20
PC Open Date & Time	10 AUG 2020 12:00
PC Close Date & Time	11 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
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	12 AUG 2020 08:23
PC Open Date & Time	11 AUG 2020 12:00
PC Close Date & Time	12 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	13 AUG 2020 08:15
PC Open Date & Time	12 AUG 2020 12:00
PC Close Date & Time	13 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
is there any REDIVESS AT INSECTION SITE:	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	13 AUG 2020 18:20
PC Open Date & Time	13 AUG 2020 12:00
PC Close Date & Time	14 AUG 2020 11:59

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

TIMEPOINT	DAY 7
Please record - PAIN AT INJECTION SITE.	None 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	15 AUG 2020 07:59
PC Open Date & Time	14 AUG 2020 12:00
PC Close Date & Time	15 AUG 2020 11:59

EAB) (1725)

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

TIMEPOINT	DAY 1, 30 MINUTES AFTER
	VACCINATION (AT STUDY
	CLINIC)
HEADACHE	None
	No interference with activity
	Repeated use of over-the-counter
	pain reliever > 24 hours or some
	interference with activity
	Any use of prescription pain
TA EVOLUE	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
PRODUCTION RELEASE (v12.003	49 0 0
1100 0 0 1101 (NEEDELINE (V12.003	42 of 1607

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 No
PC Time stamp	Yes 08 AUG 2020 14:56
PC Open Date & Time	08 AUG 2020 14:43
PC Close Date & Time	08 AUG 2020 17:13

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
	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 1607

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	08 AUG 2020 22:48
PC Open Date & Time	08 AUG 2020 18:08
PC Close Date & Time	09 AUG 2020 11:59

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

TIMEPOINT	DAY 2
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 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	46 of 1607
EAB) (1725)	

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

	Yes
PC Time stamp	09 AUG 2020 20:08
PC Open Date & Time	09 AUG 2020 12:00
PC Close Date & Time	10 AUG 2020 11:59

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

TIMEPOINT	DAY 3
HEADACHE	None
	No interference with activity
	Repeated use of over-the-counter
	pain reliever > 24 hours or some
	interference with activity
	Any use of prescription pain reliever or prevents daily activity
FATIGUE	None 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, other) for any illness or symptoms?	No
PRODUCTION RELEASE (v12.003	48 of 1607
EAB) (1725)	4 0 01 1007

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

	Yes
PC Time stamp	11 AUG 2020 10:21
PC Open Date & Time	10 AUG 2020 12:00
PC Close Date & Time	11 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 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
TODAY A CAME OF CENTER AT TODAY	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
Did you receive any MEDICAL ATTENTION (doctor visit,	No No
other) for any illness or symptoms?	140
PRODUCTION RELEASE (v12.003	50 of 1607
EAB) (1725)	20 01 1007

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

	Yes
PC Time stamp	12 AUG 2020 08:23
PC Open Date & Time	11 AUG 2020 12:00
PC Close Date & Time	12 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 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	52 of 1007
EAB) (1725)	52 of 1607

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

	Yes
PC Time stamp	13 AUG 2020 08:15
PC Open Date & Time	12 AUG 2020 12:00
PC Close Date & Time	13 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 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 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
Did you receive any MEDICAL ATTENTION (doctor visit,	No No
other) for any illness or symptoms?	140
PRODUCTION RELEASE (v12.003 EAB) (1725)	54 of 1607
EAD) (1143)	

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

	Yes
PC Time stamp	13 AUG 2020 18:21
PC Open Date & Time	13 AUG 2020 12:00
PC Close Date & Time	14 AUG 2020 11:59

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

TIMEPOINT	DAY 7
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 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	56 of 1607
EAB) (1725)	

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

	Yes
PC Time stamp	15 AUG 2020 08:00
PC Open Date & Time	14 AUG 2020 12:00
PC Close Date & Time	15 AUG 2020 11:59

Folder: Safety Call Day 8 (1)

Form: Safety Call

Data signed: (b) (4) 15 Feb 2021 17:50:19

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	15 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) 15 Feb 2021 17:50:19

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) 15 Feb 2021 17:50:19

Was Contact Attempted?	Yes	
	No	
Date of Contact or Contact Attempt (dd MMM yyyy)	22 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) 15 Feb 2021 17:50:19

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) 15 Feb 2021 17:50:19

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	29 AUG 2020
Please select one status for the follow-up contact	Contact Made
	Contact Not Made
Comments	
If Contact Not Made, please provide Comments	

Folder: Safety Call Day 22 (1)

Form: Continuing

Data signed: (b) (4) 15 Feb 2021 17:50:19

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) 15 Feb 2021 17:50:19

Was this visit performed?	Yes
	No
Visit date (dd MMM yyyy)	9 SEP 2020
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) 15 Feb 2021 17:50:20

Timepoint	Pre-Dose
	Post-Dose
Were vital signs assessed?	Yes
	No
Date of assessment (dd MMM yyyy)	9 SEP 2020
Time of assessment (00:00-23:59)	09:13 (24 HR)
Vital Signs Date and Time (derived)	9 SEP 2020 09:13
Temperature (xxx.x)	97.8 F
Route of measurement	Oral
	Axillary
	Other
If Other, specify	
Pulse (xxx)	74 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	14 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	113 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	75 mmHg
Diastolic Blood Pressure units	MMHG

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

Data signed: (b) (4) 15 Feb 2021 17:50:20

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) 15 Feb 2021 17:50:19

Generated On: 11 Aug 2021 22:35:15

Was the physical examination performed?

Yes No

Date of examination (dd MMM yyyy)

9 SEP 2020

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: Pregnancy Test

Data signed: (b) (4) 15 Feb 2021 17:50:19

Was the pregnancy test performed?	Yes
	No
Date of test (dd MMM yyyy)	9 SEP 2020
Test performed	Urine
	Serum
Result	Positive
	Negative
Was FSH sample collected?	Yes
	No
Collection date	
Collection time	
Collection date and time (derived)	

Folder: Visit 2 Day 29 (1)

Form: Exposure

Data signed: (b) (4) 15 Feb 2021 17:50:19

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
	\cup
	Other
If reason is Physician Decision, Withdrawal of Consent by	HERPES SIMPLEX
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) 15 Feb 2021 17:50:19

Was the sample collected?	Yes
	No
Collection date (dd MMM yyyy)	9 SEP 2020
Collection time (00:00-23:59)	09:33 (24 HR)
Collection date and time (derived)	9 SEP 2020 09:33

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab Data signed: (b) (4) 15 Feb 2021 17:50:19

Collection date (dd MMM yyyy)			9 SEP 2020
Lab Test	Was the sample collected?	Collection time (00:00 - 23:59)	Collection date and time (derived)
Nasopharyngeal Swab 1	Yes	09:31	9 SEP 2020 09:31
Nasopharyngeal Swab 2	No		

Folder: Visit 2 Day 29 (1)

Form: Continuing

Data signed: (b) (4) 15 Feb 2021 17:50:19

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) 15 Feb 2021 17:50:19

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	17 SEP 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 36 (1)

Form: Continuing

Data signed: (b) (4) 15 Feb 2021 17:50:19

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) 15 Feb 2021 17:50:19

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	25 SEP 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 43 (1)

Form: Continuing

Data signed: (b) (4) 15 Feb 2021 17:50:19

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) 15 Feb 2021 17:50:19

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	2 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 50 (1)

Form: Continuing

Data signed: (b) (4) 15 Feb 2021 17:50:19

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) 15 Feb 2021 17:50:20

Was this visit performed?	Yes
	No
Visit date (dd MMM yyyy)	8 OCT 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) 15 Feb 2021 17:50:20

Were vital signs assessed?	Yes
	No
Date of assessment (dd MMM yyyy)	8 OCT 2020
Time of assessment (00:00-23:59)	10:36 (24 HR)
Vital Signs Date and Time (derived)	8 OCT 2020 10:36
Temperature (xxx.x)	36.6 C
Route of measurement	Oral
	Axillary
	Other
If Other, specify	
Pulse (xxx)	78 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	14 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	114 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	64 mmHg
Diastolic Blood Pressure units	MMHG
Height (derived)	
Weight (derived)	

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

Data signed: (b) (4) 15 Feb 2021 17:50:20

Generated On: 11 Aug 2021 22:35:15

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 3 Day 57 (1)

Form: Immunogenicity Assessment

Data signed: (b) (4) 15 Feb 2021 17:50:20

Was the sample collected?	Yes
	No
Collection date (dd MMM yyyy)	8 OCT 2020
Collection time (00:00-23:59)	10:42 (24 HR)
Collection date and time (derived)	8 OCT 2020 10:42

Folder: Visit 3 Day 57 (1)

Form: Continuing

Data signed: (b) (4) 15 Feb 2021 17:50:20

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

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

TIMEPOINT	DAY 64
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last 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	08 OCT 2020 00:01
Patient Cloud Close Date & Time	12 OCT 2020 23:59

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 identify below which symptoms you have experienced or are experiencing ((Check all that apply):
Date and time of submission	16 OCT 2020 19:39:45
Patient Cloud Open Date & Time	15 OCT 2020 00:01
Patient Cloud Close Date & Time	19 OCT 2020 23:59

S	
TIMEPOINT	DAY 78
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?	O
Please identify below which symptoms you have experienced or are experience	ing (Check all that apply):
Date and time of submission	22 OCT 2020 08:24:07
Patient Cloud Open Date & Time	22 OCT 2020 00:01
Patient Cloud Close Date & Time	26 OCT 2020 23:59

DAY 92
No
Yes
No
Yes
(Check all that apply):
08 NOV 2020 17:59:32
05 NOV 2020 00:01
09 NOV 2020 23:59

TIMEPOINT	DAY 99
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 experien	cing (Check all that apply):
Date and time of submission	12 NOV 2020 07:36:58
Patient Cloud Open Date & Time	12 NOV 2020 00:01
Patient Cloud Close Date & Time	16 NOV 2020 23:59

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

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

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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	19 NOV 2020 00:01
Patient Cloud Close Date & Time	23 NOV 2020 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 103
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 experienc	ing (Check all that apply):
Date and time of submission	20 NOV 2020 18:06:58
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

TIMEPOINT	DAY 110
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are experience	ing (Check all that apply):
Date and time of submission	23 NOV 2020 14:54:34
Patient Cloud Open Date & Time	23 NOV 2020 00:01
Patient Cloud Close Date & Time	27 NOV 2020 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On: 11 Aug 2021 22:35:15	
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	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	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	No
completed this questionnaire or had contact with the study clinic?	Yes

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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 NOV 2020 00:01
Patient Cloud Close Date & Time	04 DEC 2020 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 124
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are experience	ing (Check all that apply):
Date and time of submission	09 DEC 2020 12:03:11
Patient Cloud Open Date & Time	07 DEC 2020 00:01
Patient Cloud Close Date & Time	11 DEC 2020 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 131
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are experiencing	g (Check all that apply):
Date and time of submission	14 DEC 2020 07:41:38
Patient Cloud Open Date & Time	14 DEC 2020 00:01
Patient Cloud Close Date & Time	18 DEC 2020 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 138
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are experience	cing (Check all that apply):
Date and time of submission	21 DEC 2020 06:48:30
Patient Cloud Open Date & Time	21 DEC 2020 00:01
Patient Cloud Close Date & Time	25 DEC 2020 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 145
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are experiencing	ng (Check all that apply):
Date and time of submission	28 DEC 2020 07:56:59
Patient Cloud Open Date & Time	28 DEC 2020 00:01
Patient Cloud Close Date & Time	01 JAN 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

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	04 JAN 2021 08:19:08
Patient Cloud Open Date & Time	04 JAN 2021 00:01
Patient Cloud Close Date & Time	08 JAN 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 159
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are experienced	ing (Check all that apply):
Date and time of submission	14 JAN 2021 17:59:49
Patient Cloud Open Date & Time	11 JAN 2021 00:01
Patient Cloud Close Date & Time	15 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 experience	ing (Check all that apply):
Date and time of submission	20 JAN 2021 12:12:22
Patient Cloud Open Date & Time	18 JAN 2021 00:01
Patient Cloud Close Date & Time	22 JAN 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 173
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are experience	ing (Check all that apply):
Date and time of submission	27 JAN 2021 12:02:12
Patient Cloud Open Date & Time	25 JAN 2021 00:01
Patient Cloud Close Date & Time	29 JAN 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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	(Check all that apply):
Date and time of submission	01 FEB 2021 05:30:41
Patient Cloud Open Date & Time	01 FEB 2021 00:01
Patient Cloud Close Date & Time	05 FEB 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On: 11 Aug 2021 22:55:15	
TIMEPOINT	DAY 187
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

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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 FEB 2021 00:01
Patient Cloud Close Date & Time	12 FEB 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 194
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No No Yes
Have you been exposed to someone with known SARS-CoV-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	15 FEB 2021 07:54:10
Patient Cloud Open Date & Time	15 FEB 2021 00:01
Patient Cloud Close Date & Time	19 FEB 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 201
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No No Yes
Please identify below which symptoms you have experienced or are experiencing	g (Check all that apply):
Date and time of submission	22 FEB 2021 07:09:22
Patient Cloud Open Date & Time	22 FEB 2021 00:01
Patient Cloud Close Date & Time	26 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 completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-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	03 MAR 2021 14:06:01
Patient Cloud Open Date & Time	01 MAR 2021 00:01
Patient Cloud Close Date & Time	05 MAR 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 experienci	ng (Check all that apply):
Date and time of submission	08 MAR 2021 11:51:33
Patient Cloud Open Date & Time	08 MAR 2021 00:01
Patient Cloud Close Date & Time	12 MAR 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
TIMEPOINT	DAY 222
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

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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 MAR 2021 00:01
Patient Cloud Close Date & Time	19 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 experience	cing (Check all that apply):
Date and time of submission	22 MAR 2021 07:23:14
Patient Cloud Open Date & Time	22 MAR 2021 00:01
Patient Cloud Close Date & Time	26 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 No
	Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this	No
questionnaire or had contact with the study clinic?	Yes
Please identify below which symptoms you have experienced or are experiencing	(Check all that apply):
Date and time of submission	29 MAR 2021 07:18:39
Patient Cloud Open Date & Time	29 MAR 2021 00:01
Patient Cloud Close Date & Time	02 APR 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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 taste New loss of smell Sore 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 are 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. 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. 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.		
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? 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? I confirm I have read this message and will call the study clinic? Yes I confirm I 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 understood that you must call your study clinic.	TIMEPOINT	DAY 243
Have you been exposed to someone with 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 understood that you must call 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. Click below to confirm that you have read this message and understood that you must call with the study clinic?		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?	Nausea	
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completed this questionnaire or had contact with the study clinic?		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 APR 2021 00:01
Patient Cloud Close Date & Time	09 APR 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 experiencing	g (Check all that apply):
Date and time of submission	14 APR 2021 12:00:44
Patient Cloud Open Date & Time	12 APR 2021 00:01
Patient Cloud Close Date & Time	16 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 No Yes
Please identify below which symptoms you have experienced or are experiencing	ng (Check all that apply):
Date and time of submission	19 APR 2021 19:05:26
Patient Cloud Open Date & Time	19 APR 2021 00:01
Patient Cloud Close Date & Time	23 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	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	(Check all that apply):
Date and time of submission	26 APR 2021 19:40:43
Patient Cloud Open Date & Time	26 APR 2021 00:01
Patient Cloud Close Date & Time	30 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	03 MAY 2021 07:35:44
Patient Cloud Open Date & Time	03 MAY 2021 00:01
Patient Cloud Close Date & Time	07 MAY 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
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	10 MAY 2021 00:01
Patient Cloud Close Date & Time	14 MAY 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT DAY 285 Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? Have you been exposed to someone with 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 understood that you must call your study clinic. I confirm I have read this message and will call the study clinic immediately or the study clinic immediately or the study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. No The study clinic immediately or the 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? No 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.	Generated On: 11 Aug 2021 22:35:15	
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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. Please 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 taste New loss of smell Sore throat Congestion Runny nose Nausea 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 immediately. No Order the last time you completed this questionnaire or had contact with the study clinic?	Have you had any changes in your health since the last time you	No
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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	* *	
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Chills Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please 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	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 questionnaire or had contact with the study clinic? No	Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$)	
Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. I confirm I have read this message and will call the study clinic 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 where the last time you 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	
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	that you have read this message and understood that you must call	message and will call the study
completed this questionnaire or had contact with the study clinic?	<u> </u>	
		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 MAY 2021 00:01
Patient Cloud Close Date & Time	21 MAY 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On: 11 Aug 2021 22:35:15	
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 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	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 MAY 2021 00:01
Patient Cloud Close Date & Time	28 MAY 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On: 11 Aug 2021 22:55:15	
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 your study clinic.	message and will call the study 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	31 MAY 2021 00:01
Patient Cloud Close Date & Time	04 JUN 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On: 11 Aug 2021 22:35:15	
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	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
	<u> </u>

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 JUN 2021 00:01
Patient Cloud Close Date & Time	11 JUN 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
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	14 JUN 2021 00:01
Patient Cloud Close Date & Time	18 JUN 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
TIMEPOINT	DAY 320
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	21 JUN 2021 00:01
Patient Cloud Close Date & Time	25 JUN 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT	DAY 327
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	28 JUN 2021 00:01
Patient Cloud Close Date & Time	02 JUL 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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TIMEPOINT	DAY 334
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	05 JUL 2021 00:01
Patient Cloud Close Date & Time	09 JUL 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On: 11 Aug 2021 22:35:15	
TIMEPOINT	DAY 341
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	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	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 JUL 2021 00:01
Patient Cloud Close Date & Time	16 JUL 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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?	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 JUL 2021 00:01
Patient Cloud Close Date & Time	23 JUL 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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 smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this 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. 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. 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.		
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 Or completed this questionnaire or had contact with the study clinic?	TIMEPOINT	DAY 355
Have you been exposed to someone with 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 this 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 wound the study clinic immediately clinic immediately clinic.	completed this questionnaire or had contact with the study clinic?	Yes
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Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please 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	
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Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please 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
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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	26 JUL 2021 00:01
Patient Cloud Close Date & Time	30 JUL 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
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	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	02 AUG 2021 00:01
Patient Cloud Close Date & Time	06 AUG 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
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	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 $\geq 100.4^{\circ} F/38^{\circ} C$)	
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	09 AUG 2021 00:01
Patient Cloud Close Date & Time	13 AUG 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
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 $\geq 100.4^{\circ}F/38^{\circ}C$)	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	16 AUG 2021 00:01
Patient Cloud Close Date & Time	20 AUG 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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 No completed this questionnaire or had contact with the study clinic? No confirm I have read this message and will call the study clinic immediately. No confirm I have read this message and will call the study clinic immediately. No completed this questionnaire or had contact with the study clinic?		
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Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please 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	
Diarrhea Please 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. 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?		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	23 AUG 2021 00:01
Patient Cloud Close Date & Time	27 AUG 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
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 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	30 AUG 2021 00:01
Patient Cloud Close Date & Time	03 SEP 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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 397
Have you been exposed to someone with 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
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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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Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please 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	06 SEP 2021 00:01
Patient Cloud Close Date & Time	10 SEP 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
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?	
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	13 SEP 2021 00:01
Patient Cloud Close Date & Time	17 SEP 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
TIMEPOINT	DAY 411
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	20 SEP 2021 00:01
Patient Cloud Close Date & Time	24 SEP 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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 Or completed this questionnaire or had contact with the study clinic?	TIMEPOINT	DAY 418
Have you been exposed to someone with 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
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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 clinic immediately. Click below to confirm that you have read this message and understood that you must call wound the study clinic immediately clinic immediately 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. 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?	· · · · · · · · · · · · · · · · · · ·	•
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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
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 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	27 SEP 2021 00:01
Patient Cloud Close Date & Time	01 OCT 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
TIMEPOINT	DAY 425
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 OCT 2021 00:01
Patient Cloud Close Date & Time	08 OCT 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On: 11 Aug 2021 22:55:15	
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
	<u> </u>

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 OCT 2021 00:01
Patient Cloud Close Date & Time	15 OCT 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
TIMEPOINT	DAY 439
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 managed AF-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	18 OCT 2021 00:01
Patient Cloud Close Date & Time	22 OCT 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
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	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 OCT 2021 00:01
Patient Cloud Close Date & Time	29 OCT 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT 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	DAY 453 No Yes No Yes Yes
completed this questionnaire or had contact with the study clinic? Have you been exposed to someone with known SARS-CoV-2	Yes No
Have you been exposed to someone with known SARS-CoV-2	N ₀
	\cup
infaction or COVID 10 disease since the last time you completed this	Yes
• • •	O
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 experienced	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 that you have read this message and understood that you must call your study clinic.	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 NOV 2021 00:01
Patient Cloud Close Date & Time	05 NOV 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
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	08 NOV 2021 00:01
Patient Cloud Close Date & Time	12 NOV 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
TIMEPOINT	DAY 467
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	15 NOV 2021 00:01
Patient Cloud Close Date & Time	19 NOV 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
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 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	22 NOV 2021 00:01
Patient Cloud Close Date & Time	26 NOV 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
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?	
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	29 NOV 2021 00:01
Patient Cloud Close Date & Time	03 DEC 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
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	06 DEC 2021 00:01
Patient Cloud Close Date & Time	10 DEC 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
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 that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	13 DEC 2021 00:01
Patient Cloud Close Date & Time	17 DEC 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT	DAY 502
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	20 DEC 2021 00:01
Patient Cloud Close Date & Time	24 DEC 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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 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 this 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 wound the study clinic immediately clinic immediately 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 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 clinic immediately. Click below to confirm that you have read this message and understood that you must call wound the study clinic immediately clinic immediately 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. 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?		
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. New Josa of 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?	•	ies
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 Operations I confirm I have read this message and will call the study clinic immediately.	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?	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 DEC 2021 00:01
Patient Cloud Close Date & Time	31 DEC 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
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?	
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 JAN 2022 00:01
Patient Cloud Close Date & Time	07 JAN 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT 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 expressed to someone with known SARS CoV 2	DAY 523 No Yes No
completed this questionnaire or had contact with the study clinic?	Yes
	$\underline{\hspace{1cm}}$
Have you been expected to compone with known CADC CoV 2	No
Have you been exposed to someone with known SARS-CoV-2	
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
· · · · · · · · · · · · · · · · · · ·	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 exper	rencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss 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	10 JAN 2022 00:01
Patient Cloud Close Date & Time	14 JAN 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT Have you had any changes in your health since the last time you	DAY 530
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 $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue _	
Muscle aches	
Body aches	
Headache	
New loss 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 JAN 2022 00:01
Patient Cloud Close Date & Time	21 JAN 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
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	24 JAN 2022 00:01
Patient Cloud Close Date & Time	28 JAN 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
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	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	31 JAN 2022 00:01
Patient Cloud Close Date & Time	04 FEB 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On: 11 Aug 2021 22:35:15	
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 your study clinic.	message and will call the study clinic immediately
	<u> </u>
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	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	No
completed this questionnaire or had contact with the study clinic?	Yes
	<u> </u>

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 FEB 2022 00:01
Patient Cloud Close Date & Time	11 FEB 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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 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	14 FEB 2022 00:01
Patient Cloud Close Date & Time	18 FEB 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On: 11 Aug 2021 22:35:15	
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?	
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	21 FEB 2022 00:01
Patient Cloud Close Date & Time	25 FEB 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On: 11 Aug 2021 22:55:15	
TIMEPOINT	DAY 572
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
	<u> </u>

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 FEB 2022 00:01
Patient Cloud Close Date & Time	04 MAR 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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 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 your study clinic.	message and will call the study 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 that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Have 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	07 MAR 2022 00:01
Patient Cloud Close Date & Time	11 MAR 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On: 11 Aug 2021 22:35:15	
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 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	14 MAR 2022 00:01
Patient Cloud Close Date & Time	18 MAR 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
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 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 MAR 2022 00:01
Patient Cloud Close Date & Time	25 MAR 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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		
Have you been exposed to someone with 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	TIMEPOINT	DAY 600
Have you been exposed to someone with 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		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 taste New loss of smell Sore throat Congestion	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 taste New loss of smell Sore throat Congestion	Have you been exposed to someone with known SARS-CoV-2	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		
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	questionnaire or had contact with the study clinic?	res
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	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	· · · · · · · · · · · · · · · · · · ·	•
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	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	• • •	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		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	•	
Chills Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion	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		
Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion	Chills	
Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion	Cough	
Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion	Shortness of breath	
Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion	Difficulty breathing	
Body aches Headache New loss of taste New loss of smell Sore throat Congestion	Fatigue	
Headache New loss of taste New loss of smell Sore throat Congestion	Muscle aches	
New loss of taste New loss of smell Sore throat Congestion	Body aches	
New loss of smell Sore throat Congestion	Headache	
Sore throat Congestion	New loss of taste	
Congestion	New loss of smell	
	Sore throat	
Runny nose	Congestion	
	Runny nose	
Nausea	Nausea	
Vomiting	Vomiting	
Diarrhea	Diarrhea	
Please contact your study clinic immediately. Click below to confirm I have read this		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		clinic immediately
Have you had to contact a healthcare provider since the last time you No		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	28 MAR 2022 00:01
Patient Cloud Close Date & Time	01 APR 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT	DAY 607
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	04 APR 2022 00:01
Patient Cloud Close Date & Time	08 APR 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
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
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 APR 2022 00:01
Patient Cloud Close Date & Time	15 APR 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On: 11 Aug 2021 22:35:15	
TIMEPOINT	DAY 621
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
	<u>·</u>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the	No O
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	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 APR 2022 00:01
Patient Cloud Close Date & Time	22 APR 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
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 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 APR 2022 00:01
Patient Cloud Close Date & Time	29 APR 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
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	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	02 MAY 2022 00:01
Patient Cloud Close Date & Time	06 MAY 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On: 11 Aug 2021 22:55:15	
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	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	09 MAY 2022 00:01
Patient Cloud Close Date & Time	13 MAY 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On: 11 Aug 2021 22:35:15	
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 your study clinic.	message and will call the study 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 MAY 2022 00:01
Patient Cloud Close Date & Time	20 MAY 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On: 11 Aug 2021 22:35:15	
TIMEPOINT	DAY 656
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 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 MAY 2022 00:01
Patient Cloud Close Date & Time	27 MAY 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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 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 immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Toofirm 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. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic? No Oncompleted this questionnaire or had contact with the study clinic?		
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 will call the study clinic? I confirm I have read this message and will call that apply): For the confirm of the	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 taste New loss of smell Sore throat Congestion Runny nose Nausea 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? No I confirm I have read this message and understood that you must call message and will call the study clinic immediately. No Order the last time you completed this questionnairs 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 smell Sore 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 I confirm I have read this message and will call the study clinic immediately No 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 Composition Confirm I have read this message and will call the study clinic immediately No Composition Confirm I have read this message and will call the study clinic immediately No Composition No No Composition Confirm I have read this message and will call the study 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 smell Sore 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 I confirm I have read this message and will call the study clinic immediately No 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 Composition Confirm I have read this message and will call the study clinic immediately No Composition Confirm I have read this message and will call the study clinic immediately No Composition No No Composition Confirm I have read this message and will call the study 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 Vomitting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this 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 Please 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?		
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 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 Orthodox (Short Study Clinic immediately)	questionnaire or had contact with the study clinic?	163
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 Please 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 immediately 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?	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	•	
Chills Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please 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		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 questionnaire 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 wour study clinic. 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	30 MAY 2022 00:01
Patient Cloud Close Date & Time	03 JUN 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
TIMEPOINT	DAY 670
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 JUN 2022 00:01
Patient Cloud Close Date & Time	10 JUN 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
TIMEPOINT	DAY 677
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	13 JUN 2022 00:01
Patient Cloud Close Date & Time	17 JUN 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
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 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	20 JUN 2022 00:01
Patient Cloud Close Date & Time	24 JUN 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On: 11 Aug 2021 22:35:15	
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?	
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
	<u>·</u>
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the	No O
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	No
completed this questionnaire or had contact with the study clinic?	Yes
	<u></u>

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 JUN 2022 00:01
Patient Cloud Close Date & Time	01 JUL 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT	DAY 698
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	04 JUL 2022 00:01
Patient Cloud Close Date & Time	08 JUL 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
TIMEPOINT	DAY 705
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 JUL 2022 00:01
Patient Cloud Close Date & Time	15 JUL 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On: 11 Aug 2021 22:35:15	
TIMEPOINT	DAY 712
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	speriencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss 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 JUL 2022 00:01
Patient Cloud Close Date & Time	22 JUL 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
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 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 JUL 2022 00:01
Patient Cloud Close Date & Time	29 JUL 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On: 11 Mag 2021 22:55:15	
TIMEPOINT	DAY 726
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	01 AUG 2022 00:01
Patient Cloud Close Date & Time	05 AUG 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

· · · · · · · · · · · · · · · · · · ·	DAY 733 No Yes No Yes I have read this will call the study No
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 I confirm	Yes No Yes Mill the study Will call the study Plinic immediately
Have you been exposed to someone with 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 I confirm	No Yes m I have read this will call the study
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 I confirm	m I have read this will call the study
questionnaire or had contact with the study clinic? Please contact your study clinic immediately. Click below to confirm I confirm	m I have read this will call the study
Please contact your study clinic immediately. Click below to confirm I confirm	m I have read this will call the study
	will call the study
that you have read this message and understood that you must call message and	linic immediately
·	
• •	N_0
Have you experienced any new COVID-19 disease symptoms since	1,0()
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 experiencing (Che	eck 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	
	m I have read this
	will call the study
your study clinic.	linic 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	08 AUG 2022 00:01
Patient Cloud Close Date & Time	12 AUG 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
TIMEPOINT	DAY 740
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	15 AUG 2022 00:01
Patient Cloud Close Date & Time	19 AUG 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
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	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	22 AUG 2022 00:01
Patient Cloud Close Date & Time	26 AUG 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
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?	
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 AUG 2022 00:01
Patient Cloud Close Date & Time	02 SEP 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On: 11 Aug 2021 22:55:15	
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 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	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 SEP 2022 00:01
Patient Cloud Close Date & Time	09 SEP 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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?	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 SEP 2022 00:01
Patient Cloud Close Date & Time	16 SEP 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
TIMEPOINT	DAY 775
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	19 SEP 2022 00:01
Patient Cloud Close Date & Time	23 SEP 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
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	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 SEP 2022 00:01
Patient Cloud Close Date & Time	30 SEP 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On. 11 Mag 2021 22:55:15	
TIMEPOINT	DAY 789
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	03 OCT 2022 00:01
Patient Cloud Close Date & Time	07 OCT 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Generated On: 11 Aug 2021 22:55:15	
TIMEPOINT	DAY 796
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	10 OCT 2022 00:01
Patient Cloud Close Date & Time	14 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 as a migraine headache?	Date & Time of Submission
No		03 MAR 2021 14:06:13

Folder: Safety Call Day 85 (1)

Form: Safety Call

Data signed: (b) (4) 08 Mar 2021 22:25:32

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	8 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 85 (1)

Form: Continuing

Data signed: (b) (4) 08 Mar 2021 22:25:32

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) 26 Apr 2021 23:06:27

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	7 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 119 (1)

Form: Continuing

Data signed: (b) (4) 26 Apr 2021 23:06:27

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) 26 Apr 2021 23:06:27

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	7 JAN 2021
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) 26 Apr 2021 23:06:27

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) 26 Apr 2021 23:06:27

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	4 FEB 2021
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) 26 Apr 2021 23:06:27

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

Folder: Visit 4 Day 209 (1)

Form: Visit Date

Data signed: (b) (4) 26 Apr 2021 23:06:57

Was this visit performed?	Yes
	No
Visit date (dd MMM yyyy)	11 MAR 2021
Was visit performed at the participant's home or at the clinic?	Home
	Clinic
Folder OID	VISIT4

Folder: Visit 4 Day 209 (1)

Form: Vital Signs

Data signed: (b) (4) 26 Apr 2021 23:06:57

Were vital signs assessed?	Yes
	No
Date of assessment (dd MMM yyyy)	11 MAR 2021
Time of assessment (00:00-23:59)	10:45 (24 HR)
Vital Signs Date and Time (derived)	11 MAR 2021 10:45
Temperature (xxx.x)	36.6 C
Route of measurement	Oral
	Axillary
	Other
If Other, specify	
Pulse (xxx)	78 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	121 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	76 mmHg
Diastolic Blood Pressure units	MMHG
Height (derived)	
Weight (derived)	

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

Data signed: (b) (4) 26 Apr 2021 23:06:57

Generated On: 11 Aug 2021 22:35:15

Was the physical examination performed?

Yes No

Date of examination (dd MMM yyyy)

11 MAR 2021

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

Data signed: (b) (4) 26 Apr 2021 23:06:57

Was the sample collected?	Yes
	No
Collection date (dd MMM yyyy)	11 MAR 2021
Collection time (00:00-23:59)	10:24 (24 HR)
Collection date and time (derived)	11 MAR 2021 10:24

Folder: Visit 4 Day 209 (1)

Form: Continuing

Data signed: (b) (4) 26 Apr 2021 23:06:57

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

Folder: Safety Call Day 239 (1)

Form: Safety Call

Data signed: (b) (4) 26 Apr 2021 23:06:27

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	6 APR 2021
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 239 (1)

Form: Continuing

Data signed: (b) (4) 26 Apr 2021 23:06:27

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

Folder: Safety Call Day 269 (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 Day 269 (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) 26 Apr 2021 23:06:26

Was this visit performed?	Yes
	No
Visit date (dd MMM yyyy)	11 MAR 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) 26 Apr 2021 23:06:26

Date of updated informed consent (dd MMM yyyy)	06 JAN 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)	11 MAR 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	
Continuing with mRNA-1273	1

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

Form: Vital Signs - Dosing

Data signed: (b) (4) 26 Apr 2021 23:06:27

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) 26 Apr 2021 23:06:27

BMI (xxx.x) Timepoint Pre-Dose Post-Dose Were vital signs assessed? Yes No Date of assessment (dd MMM yyyy) 11 MAR 202. Time of assessment (00:00-23:59) 10:45 (24 HR Vital Signs Date and Time (derived) 11 MAR 2021 10:45 Temperature (xxx.x) 36.6 C Route of measurement Oral Axillary Other If Other, specify Pulse (xxx) 78 beats/min Pulse units BPN Respiratory Rate (xxx) 16 breaths/min Respiratory Rate units BREATHS/MIN Systolic Blood Pressure (xxx) 121 mmHg Systolic Blood Pressure (xxx) 73 mmHg	Height	ND - Not Done
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) 78 beats/min Pulse units BPN Respiratory Rate (xxx) 16 breaths/min Respiratory Rate units BREATHS/MIN Systolic Blood Pressure (xxx) 121 mmHg Systolic Blood Pressure (xxx) 73 mmHg	Weight	ND - Not Done
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 (xxxx) Route of measurement Oral Axillary Other If Other, specify Pulse (xxx) 78 beats/min Pulse units BPM Respiratory Rate (xxx) Respiratory Rate units BREATHS/MIN Systolic Blood Pressure (xxx) 121 mmHg Systolic Blood Pressure (xxx) Temperature (xxxx) Route of measurement Oral Axillary Other The object of the company	BMI (xxx.x)	
Were vital signs assessed? Pate 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) 78 beats/min Pulse units BPN Respiratory Rate (xxx) 16 breaths/min Respiratory Rate units BREATHS/MIN Systolic Blood Pressure (xxx) 121 mmHg Systolic Blood Pressure units MMHC Diastolic Blood Pressure (xxx) 73 mmHg	Timepoint	Pre-Dose
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) Respiratory Rate (xxx) Respiratory Rate units BPN Respiratory Rate units Systolic Blood Pressure (xxx) Diastolic Blood Pressure (xxx) Tamerature (xxx) 11 MAR 2021 10:49 12 Axillary Other Axillary Other If Other, specify BPN Respiratory Rate (xxx) 16 breaths/min Respiratory Rate units BREATHS/MIN Systolic Blood Pressure (xxx) 121 mmHg Systolic Blood Pressure units MMHC Diastolic Blood Pressure (xxx) 73 mmHg		Post-Dose O
Date of assessment (dd MMM yyyy) Time of assessment (00:00-23:59) 10:45 (24 HR Vital Signs Date and Time (derived) Temperature (xxx.x) Route of measurement Oral Axillary Other If Other, specify Pulse (xxx) 78 beats/min Pulse units BPN Respiratory Rate (xxx) Respiratory Rate units BREATHS/MIN Systolic Blood Pressure (xxx) 121 mmHg Systolic Blood Pressure units MMHC Diastolic Blood Pressure (xxx) 73 mmHg	Were vital signs assessed?	Yes
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 BPM Respiratory Rate units Systolic Blood Pressure (xxx) Diastolic Blood Pressure (xxx) To the pulse of the p		No
Vital Signs Date and Time (derived) Temperature (xxx.x) Route of measurement Oral Axillary Other If Other, specify Pulse (xxx) Respiratory Rate (xxx) Respiratory Rate (xxx) Systolic Blood Pressure (xxx) Table 11 MAR 2021 10:45 Axillary Other Table 12 Maxillary Other If Other, specify Pulse (xxx) Table 16 breaths/min BREATHS/MIN Systolic Blood Pressure (xxx) 121 mmHg Systolic Blood Pressure units MMHC Diastolic Blood Pressure (xxx) Table 10:45 Table 20:10:45 Table 20:	Date of assessment (dd MMM yyyy)	11 MAR 2021
Temperature (xxx.x) Route of measurement Oral Axillary Other If Other, specify Pulse (xxx) Pulse (xxx) Respiratory Rate (xxx) Respiratory Rate units Systolic Blood Pressure (xxx) Systolic Blood Pressure (xxx) Diastolic Blood Pressure (xxx) T3 mmHg MMHC T3 mmHg	Time of assessment (00:00-23:59)	10:45 (24 HR)
Route of measurement Oral Axillary Other If Other, specify Pulse (xxx) Pulse units Respiratory Rate (xxx) Respiratory Rate units BREATHS/MIN Systolic Blood Pressure (xxx) Systolic Blood Pressure units MMHC Diastolic Blood Pressure (xxx) 73 mmHg	Vital Signs Date and Time (derived)	11 MAR 2021 10:45
If Other, specify Pulse (xxx) Pulse units Respiratory Rate (xxx) Respiratory Rate units Systolic Blood Pressure (xxx) Systolic Blood Pressure (xxx) Diastolic Blood Pressure (xxx) T3 mmHg	Temperature (xxx.x)	36.6 C
If Other, specify Pulse (xxx) Pulse units Respiratory Rate (xxx) Respiratory Rate units Systolic Blood Pressure (xxx) Diastolic Blood Pressure (xxx) To ther To Other To Diastolic Blood Pressure (xxx) To BPM	Route of measurement	Oral
If Other, specify Pulse (xxx) Pulse units Respiratory Rate (xxx) Respiratory Rate units BREATHS/MIN Systolic Blood Pressure (xxx) Diastolic Blood Pressure (xxx) T3 mmHg		Axillary
Pulse (xxx)78 beats/minPulse unitsBPMRespiratory Rate (xxx)16 breaths/minRespiratory Rate unitsBREATHS/MINSystolic Blood Pressure (xxx)121 mmHgSystolic Blood Pressure unitsMMHCDiastolic Blood Pressure (xxx)73 mmHg		Other
Pulse units Respiratory Rate (xxx) Respiratory Rate units Systolic Blood Pressure (xxx) Systolic Blood Pressure units MMHC Diastolic Blood Pressure (xxx) 73 mmHg	If Other, specify	
Respiratory Rate (xxx)16 breaths/minRespiratory Rate unitsBREATHS/MINSystolic Blood Pressure (xxx)121 mmHgSystolic Blood Pressure unitsMMHCDiastolic Blood Pressure (xxx)73 mmHg	Pulse (xxx)	78 beats/min
Respiratory Rate units Systolic Blood Pressure (xxx) Systolic Blood Pressure units MMHC Diastolic Blood Pressure (xxx) 73 mmHg	Pulse units	BPM
Systolic Blood Pressure (xxx)121 mmHgSystolic Blood Pressure unitsMMHCDiastolic Blood Pressure (xxx)73 mmHg	Respiratory Rate (xxx)	16 breaths/min
Systolic Blood Pressure units Diastolic Blood Pressure (xxx) 73 mmHg	Respiratory Rate units	BREATHS/MIN
Diastolic Blood Pressure (xxx) 73 mmHg	Systolic Blood Pressure (xxx)	121 mmHg
	Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure units MMHC	Diastolic Blood Pressure (xxx)	73 mmHg
	Diastolic Blood Pressure units	MMHG

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

Form: Vital Signs - Dosing (2)

Data signed: (b) (4) 26 Apr 2021 23:06:27

Weight	ND - Not Done
BMI (xxx.x)	
Timepoint	Pre-Dose
	Post-Dose
Were vital signs assessed?	Yes
	No
Date of assessment (dd MMM yyyy)	11 MAR 2021
Time of assessment (00:00-23:59)	11:55 (24 HR)
Vital Signs Date and Time (derived)	11 MAR 2021 11:55
Temperature (xxx.x)	36.6 C
Route of measurement	Oral
	Axillary
	Other
If Other, specify	
Pulse (xxx)	66 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	115 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	73 mmHg
Diastolic Blood Pressure units	MMHG

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

Form: Physical Examination

Data signed: (b) (4) 26 Apr 2021 23:06:26

Generated On: 11 Aug 2021 22:35:15

Was the physical examination performed?

Yes No

Date of examination (dd MMM yyyy)

11 MAR 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: Pregnancy Test

Data signed: (b) (4) 26 Apr 2021 23:06:26

Was the pregnancy test performed?	Yes
	No
Date of test (dd MMM yyyy)	11 MAR 2021
Test performed	Urine
	Serum
Result	Positive
	Negative
Was FSH sample collected?	Yes
	No
Collection date	
Collection time	
Collection date and time (derived)	

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

Form: Exposure

Data signed: (b) (4) 26 Apr 2021 23:06:26

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)	11 MAR 2021
What was the treatment time? (00:00-23:59)	11:23 (24 HR)
Treatment Date and Time (derived)	11 MAR 2021 11:23
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) 26 Apr 2021 23:06:26

Was the sample collected?	Yes
	No
Collection date (dd MMM yyyy)	11 MAR 2021
Collection time (00:00-23:59)	10:24 (24 HR)
Collection date and time (derived)	11 MAR 2021 10:24

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

Form: Central Laboratory - Nasopharyngeal Swab (Single)

Data signed: (b) (4) 26 Apr 2021 23:06:26

Was the sample collected?	Yes
	No
Collection date (dd MMM yyyy)	11 MAR 2021
Collection time (00:00 - 23:59)	10:21
Collection Date and Time (derived)	11 MAR 2021 10:21

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

Form: Continuing

Data signed: (b) (4) 26 Apr 2021 23:06:26

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

Folder: Safety Call OL-D8 (1)

Form: Safety Call

Data signed: (b) (4) 26 Apr 2021 23:06:27

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	18 MAR 2021
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

Data signed: (b) (4) 26 Apr 2021 23:06:27

Is the participant continuing to the next visit?	Yes No
Continuing Flag	1
OLD29 Placebo Flag	1

Folder: OL-D29 (1)
Form: Visit Date

Data signed: (b) (4) 26 Apr 2021 23:06:26

Was this visit performed?	Yes No
Visit date (dd MMM yyyy)	13 APR 2021
Was visit performed at the participant's home or at the clinic?	Home Clinic
Folder OID	OLD29

Folder: OL-D29 (1) Form: Vital Signs

Data signed: (b) (4) 26 Apr 2021 23:06:26

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: OL-D29 (1)

Form: Physical Examination

Data signed: (b) (4) 26 Apr 2021 23:06:26

Generated On: 11 Aug 2021 22:35:15

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: OL-D29 (1)

Form: Immunogenicity Assessment

Data signed: (b) (4) 26 Apr 2021 23:06:26

Was the sample collected?	Yes
	No
Collection date (dd MMM yyyy)	13 APR 2021
Collection time (00:00-23:59)	09:32 (24 HR)
Collection date and time (derived)	13 APR 2021 09:32

Folder: Adverse Events

Form: Adverse Events Summary

Data signed: (b) (4) 14 Mar 2021 14:44:41

Generated On: 11 Aug 2021 22:35:15

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) 15 Apr 2021 00:04:16

AEID	
Adverse event	HERPES SIMPLEX
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)	13 AUG 2020
Start time (00:00-23:59)	
AE start date and time (derived)	
Ongoing?	Yes
	No
If not Ongoing, end date (dd MMM yyyy)	25 AUG 2020
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	310 of 1607

Folder: Adverse Events Form: Adverse Events (1)

Data signed: (b) (4) 15 Apr 2021 00:04:16

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)	<u>_</u>
None	False
Concomitant Medication	True
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)	0
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) 08 Apr 2021 23:36:48

Generated On: 11 Aug 2021 22:35:15

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

Yes No

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) 08 Apr 2021 23:36:48

Name of Medication	VALTREX (VALCYCLOVIR)
Prophylaxis	Yes
	No
Indication	HERPES SIMPLEX
Dose per administration	500
Dose unit	mg
	ug
	mL
	g
	IU
	tablet
	capsule
	puff
	Other
If dose unit is Other, specify	
Frequency	once daily
	twice daily
	three times daily
	four times daily
	every other day
	every week
	every month
	as needed
	once
	unknown
	other
If frequency is Other, specify	
Route of administration	Oral
	Topical
	Subcutaneous
	Transdermal
	Intraocular
PRODUCTION RELEASE (v12.003	313 of 1607
EAB) (1725)	

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

Data signed: (b) (4) 08 Apr 2021 23:36:48

0	
	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)	13 AUG 2020
Start date completely unknown	False
Ongoing?	Yes
	No
If not Ongoing, End date (dd MMM yyyy)	28 AUG 2020
Was this medication taken for solicited event?	Yes
	No
Separate Dosage Number (derived)	1
Interval Dosage Unit Number (derived)	1
Interval Dosage Definition (derived)	802
	803
	804

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

Data signed: (b) (4) 08 Apr 2021 23:36:48

Name of Medication	IBUPROFEN
Prophylaxis	Yes
	No
Indication	PAIN AT INJECTION SITE
Dose per administration	200
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 160°
EAB) (1725)	

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

Data signed: (b) (4) 08 Apr 2021 23:36:48

	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)	09 AUG 2020
Start date completely unknown	False
Ongoing?	Yes
	No
If not Ongoing, End date (dd MMM yyyy)	9 AUG 2020
Was this medication taken for solicited event?	Yes
	No
Separate Dosage Number (derived)	1
Interval Dosage Unit Number (derived)	1
Interval Dosage Definition (derived)	802
	803
	804

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

Data signed: (b) (4) 08 Apr 2021 23:36:48

Name of Medication	TETANUS VACCINE
Prophylaxis	Yes
	No
Indication	TETANUS PREVENTION
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
	Intraocular
PRODUCTION RELEASE (v12.003	317 of 1607
EAB) (1725)	

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

Data signed: (b) (4) 08 Apr 2021 23:36:48

	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)	25 SEP 2020
Start date completely unknown	False
Ongoing?	Yes
	No
If not Ongoing, End date (dd MMM yyyy)	25 SEP 2020
Was this medication taken for solicited event?	Yes
	No
Separate Dosage Number (derived)	
Interval Dosage Unit Number (derived)	
Interval Dosage Definition (derived)	802
	803
	804

Folder: Concomitant Procedures (1)

Form: Concomitant Procedures Summary

Data signed: (b) (4) 08 Apr 2021 23:36:48

Generated On: 11 Aug 2021 22:35:15

Were any concomitant procedures performed?

Yes No

If yes, please complete Concomitant Procedures form.

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

Data signed: (b) (4) 26 Apr 2021 23:06:26

Date of dosing discontinuation (dd MMM yyyy)	9 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

US3402300 (Prod: Meridian Clinical Research, LLC)

Form: Participant Creation

Generated On: 11 Aug 2021 22:35:15

Participant ID

Audit	User	Time (GMT)
User signature succeeded.	Frank Eder (b) (4)	26 Apr 2021 23:06:27
User entered 'US3402300'	(b) (4) RWS_ENDPOINT ENDPOINT (b) (4)	08 Aug 2020 18:00:23

Folder: Screening Form: Visit Date

Generated On: 11 Aug 2021 22:35:15

Was this visit performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	Jennifer Molstead (b) (4) (b) (4)	08 Aug 2020 18:40:37

Folder: Screening Form: Visit Date

Generated On: 11 Aug 2021 22:35:15

Visit date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '08 AUG 2020'	RWŚ_ENDPOINT ENDPOINT (b) (4)	08 Aug 2020 18:00:25

Folder: Screening Form: Visit Date

Generated On: 11 Aug 2021 22:35:15

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Clinic (Clinic)'	Jennifer Molstead (b) (4) (b) (4)	08 Aug 2020 18:40:37

Folder: Screening Form: Visit Date

Generated On: 11 Aug 2021 22:35:15

Folder OID

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User entered 'SCRN'	System	08 Aug 2020 18:40:37

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:35:15

Date of Birth (MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered (b) (6) 1976'	RWŚ_EŃDPOINT ENDPOINT (b) (4)	08 Aug 2020 18:00:26

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:35:15

Age

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '44'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:42:01

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:35:15

Age Units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User entered 'YEARS'	System	09 Aug 2020 12:42:01

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:35:15

Age (Derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User entered '44'	System	08 Aug 2020 18:41:08

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:35:15

Sex

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4)	15 Feb 2021 17:50:20
User entered 'Female (F)'	(b) (4) Tarin Gordon (b) (4)	09 Aug 2020 12:42:01

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:35:15

Ethnicity

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Not Hispanic or Latino (NOT HISPANIC OR LATINO)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:42:01

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:35:15

White

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '1'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:42:01

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:35:15

Black

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '0'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:42:01

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:35:15

Asian

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '0'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:42:01

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:35:15 American Indian or Alaska Native

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '0'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:42:01

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:35:15 Native Hawaiian or other Pacific Islander

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '0'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:42:01

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:35:15

Other

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '0'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:42:01

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:35:15

If race is Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:42:01

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:35:15

Unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4)	15 Feb 2021 17:50:20
User entered '0'	(b) (4) Tarin Gordon (b) (4)	09 Aug 2020 12:42:01

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:35:15

Not reported

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4)	15 Feb 2021 17:50:20
User entered '0'	(b) (4) Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:42:01

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 22:35:15
Date of Informed Consent (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '8 Aug 2020'	Jennifer Molstead (b) (4) (b) (4)	08 Aug 2020 18:41:08

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 22:35:15

Month and Year of Informed Consent (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User entered 'Aug 2020'	System	08 Aug 2020 18:41:08

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 22:35:15 Year of Informed Consent (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User entered '2020'	System	08 Aug 2020 18:41:08

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 22:35:15

Protocol Version

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Amendment 2 (2)'	Jennifer Molstead (b) (4) (b) (4)	08 Aug 2020 18:41:08

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 22:35:15 Was participant enrolled in the study?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	Jennifer Molstead (b) (4) (b) (4)	08 Aug 2020 18:41:08

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 22:35:15
If No, indicate reason for screen fail

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Jennifer Molstead (b) (4) (b) (4)	08 Aug 2020 18:41:08

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 22:35:15
If reason for screen fail is Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Jennifer Molstead (b) (4) (b) (4)	08 Aug 2020 18:41:08

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 22:35:15 Was this participant screened previously?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'No (N)'	Jennifer Molstead (b) (4) (b) (4)	08 Aug 2020 18:41:08

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 22:35:15 If Yes, previous participant number

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	RWŚ_ENDPOINT (b) (4)	08 Aug 2020 18:00:25

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 22:35:15

Enrollment Trigger

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User entered '1'	System	08 Aug 2020 18:41:14

Folder: Screening

Form: Inclusion/Exclusion Criteria Summary

Generated On: 11 Aug 2021 22:35:15
Did the participant meet all eligibility criteria?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	Jennifer Molstead (b) (4) (b) (4)	08 Aug 2020 18:41:14

Folder: Screening

Form: Medical History Summary Generated On: 11 Aug 2021 22:35:15 Were any significant conditions reported?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:43:27

Folder: Screening

Form: Medical History (1)

Generated On: 11 Aug 2021 22:35:15

Condition

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4)	15 Feb 2021 17:50:20
User coded data point as SOC: Congenital, familial and genetic disorders, HLGT: Blood and lymphatic system disorders congenital, HLT: Coagulation disorders congenital, PT: Factor V Leiden mutation, LLT: Factor V Leiden mutation - version MedDRA\\23.0.	(b) (4) Coder Import (b) (4)	09 Aug 2020 12:45:27
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	09 Aug 2020 12:45:27
Data point term sent to Coder	System	09 Aug 2020 12:44:20
User entered 'FACTOR V LEIDEN'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:43:50

Folder: Screening

Form: Medical History (1)

Generated On: 11 Aug 2021 22:35:15

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'UN UNK 2008'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:43:50

Folder: Screening

Form: Medical History (1)

Generated On: 11 Aug 2021 22:35:15

Start date completely unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '0'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:43:50

Folder: Screening

Form: Medical History (1)

Generated On: 11 Aug 2021 22:35:15

Condition ongoing at study entry

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:43:50

Folder: Screening

Form: Medical History (1)

Generated On: 11 Aug 2021 22:35:15

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:43:50

Folder: Screening

Form: Medical History (1)

Generated On: 11 Aug 2021 22:35:15

Stop date completely unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '0'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:43:50

Folder: Screening

Form: Medical History (1)

Generated On: 11 Aug 2021 22:35:15

Start Month and Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User entered 'Jan 2008'	System	09 Aug 2020 12:43:50

Folder: Screening

Form: Medical History (1)

Generated On: 11 Aug 2021 22:35:15

Start Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User entered '2008'	System	09 Aug 2020 12:43:50

Folder: Screening

Form: Medical History (1)

Generated On: 11 Aug 2021 22:35:15

Stop Month and Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User entered empty.	System	09 Aug 2020 12:43:50

Folder: Screening

Form: Medical History (1)

Generated On: 11 Aug 2021 22:35:15

Stop Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User entered empty.	System	09 Aug 2020 12:43:50

Folder: Screening

Form: Medical History (2)

Generated On: 11 Aug 2021 22:35:15

Condition

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4)	15 Feb 2021 17:50:20
User coded data point as SOC: Ear and labyrinth	(b) (4) Coder Import (b) (4)	23 Aug 2020 14:04:32
disorders, HLGT: Middle ear disorders (excl congenital), HLT: Middle ear disorders NEC, PT:	(b) (4)	
Otosclerosis, LLT: Otosclerosis - version		
MedDRA\\23.0. User coded data point as Term Coded data point by	Coder Import (b) (4)	23 Aug 2020 14:04:32
User: (b) (6) - version MedDRA $\23.0$.	(b) (4)	_
Data point term sent to Coder	System	09 Aug 2020 12:48:20
User entered 'OTOSCLEROSIS RIGHT EAR'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:47:37

Folder: Screening

Form: Medical History (2)

Generated On: 11 Aug 2021 22:35:15

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'UN UNK 2008'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:47:37

Folder: Screening

Form: Medical History (2)

Generated On: 11 Aug 2021 22:35:15

Start date completely unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '0'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:47:37

Folder: Screening

Form: Medical History (2)

Generated On: 11 Aug 2021 22:35:15

Condition ongoing at study entry

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:47:37

Folder: Screening

Form: Medical History (2)

Generated On: 11 Aug 2021 22:35:15

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:47:37

Folder: Screening

Form: Medical History (2)

Generated On: 11 Aug 2021 22:35:15

Stop date completely unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '0'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:47:37

Folder: Screening

Form: Medical History (2)

Generated On: 11 Aug 2021 22:35:15

Start Month and Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User entered 'Jan 2008'	System	09 Aug 2020 12:47:37

Folder: Screening

Form: Medical History (2)

Generated On: 11 Aug 2021 22:35:15

Start Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User entered '2008'	System	09 Aug 2020 12:47:37

Folder: Screening

Form: Medical History (2)

Generated On: 11 Aug 2021 22:35:15

Stop Month and Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User entered empty.	System	09 Aug 2020 12:47:37

Folder: Screening

Form: Medical History (2)

Generated On: 11 Aug 2021 22:35:15

Stop Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User entered empty.	System	09 Aug 2020 12:47:37

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Were vital signs assessed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	(b) (4) Tarin Gordon (b) (4)	09 Aug 2020 12:49:17

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15 Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '8 Aug 2020'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:49:17

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15 Time of assessment (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '13:44'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:49:17

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User entered '8 Aug 2020 13:44'	System	09 Aug 2020 12:49:17

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Height (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '166.7' cm	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:49:17
DataPoint set to visible.	System	08 Aug 2020 18:41:14

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Weight (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '68.7' kg	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:49:17
DataPoint set to visible.	System	08 Aug 2020 18:41:14

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

BMI (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
Amendment Manager: User entered '24.72211'	System	16 Sep 2020 23:48:58
User entered '24.7'	System	09 Aug 2020 12:49:17
DataPoint set to visible.	System	08 Aug 2020 18:41:14

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

BMI units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User entered 'kg/m2'	System	09 Aug 2020 12:49:17
DataPoint set to visible.	System	08 Aug 2020 18:41:14

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Temperature (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered missing code ND - Not Done; reason for		20 Dec 2020 18:05:48
change Data Entry Error	(b) (4)	
User entered '98.2' F	Tarin Gordon (b) (4)	09 Aug 2020 12:49:17
	(b) (4)	

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Route of measurement

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty; reason for change Data Entry Error	Tammy Kohn (b) (4) (b) (4)	20 Dec 2020 18:05:48
User entered 'Oral (Oral)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:49:17

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

If Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:49:17

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Pulse (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered missing code ND - Not Done; reason for		20 Dec 2020 18:05:48
change Data Entry Error	(b) (4)	
User entered '82'	Tarin Gordon (b) (4)	09 Aug 2020 12:49:17
	(b) (4)	

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Pulse units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User entered 'bpm'	System	09 Aug 2020 12:49:17

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Respiratory Rate (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered missing code ND - Not Done; reason fo		20 Dec 2020 18:05:48
change Data Entry Error	(b) (4)	
User entered '14'	Tarin Gordon (b) (4)	09 Aug 2020 12:49:17
	(b) (4)	

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Respiratory Rate units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User entered 'breaths/min'	System	09 Aug 2020 12:49:17

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered missing code ND - Not Done; reason		20 Dec 2020 18:05:48
change Data Entry Error	(b) (4)	
User entered '128'	Tarin Gordon (b) (4)	09 Aug 2020 12:49:17
	(b) (4)	

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Systolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User entered 'mmHg'	System	09 Aug 2020 12:49:17

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered missing code ND - Not Done; reason f		20 Dec 2020 18:05:48
change Data Entry Error	(b) (4)	
User entered '78'	Tarin Gordon (b) (4)	09 Aug 2020 12:49:17
	(b) (4)	

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Diastolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User entered 'mmHg'	System	09 Aug 2020 12:49:17

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Height (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Weight (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46

Folder: Screening

Form: Physical Examination

Generated On: 11 Aug 2021 22:35:15 Was the physical examination performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	(b) (4) Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:49:37

Folder: Screening

Form: Physical Examination

Generated On: 11 Aug 2021 22:35:15 Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
Query 'The Physical Examination Date is prior to the Screening Visit Date. Please review and reconcile.' canceled (Site from System).		11 Sep 2020 22:32:58
Comment added 'SAME DATE'.	Traci Hull (b) (4) (b) (4)	11 Sep 2020 18:43:17
User opened query 'The Physical Examination Date is prior to the Screening Visit Date. Please review and reconcile.' (Site from System).		11 Sep 2020 18:43:05
User closed query 'The Physical Examination Date is prior to the Screening Visit Date. Please review and reconcile.' (Site from System).	System	11 Sep 2020 18:43:05
User entered '08 Aug 2020' reason for change: Data Entry Error	Traci Hull (b) (4) (b) (4)	11 Sep 2020 18:43:05
User opened query 'The Physical Examination Date is prior to the Screening Visit Date. Please review and reconcile.' (Site from System).	. , , ,	09 Sep 2020 17:20:14
User entered '8 Aug 2020'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:49:37

Folder: Screening

Form: Childbearing Potential

Generated On: 11 Aug 2021 22:35:15 Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '8 Aug 2020'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:49:58

Folder: Screening

Form: Childbearing Potential

Generated On: 11 Aug 2021 22:35:15
Is the participant of childbearing potential?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:49:58

Folder: Screening

Form: Childbearing Potential

Generated On: 11 Aug 2021 22:35:15

If No, what is the reason?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:49:58

Folder: Screening

Form: Childbearing Potential

Generated On: 11 Aug 2021 22:35:15
If Partner medically sterile or Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:49:58

Folder: Screening

Form: Childbearing Potential

Generated On: 11 Aug 2021 22:35:15

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:49:58

Folder: Screening

Form: Childbearing Potential

Generated On: 11 Aug 2021 22:35:15

Date of surgery unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '0'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:49:58

Folder: Screening

Form: Childbearing Potential

Generated On: 11 Aug 2021 22:35:15

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:49:58

Folder: Screening

Form: Childbearing Potential

Generated On: 11 Aug 2021 22:35:15
Date of last menstruation unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '0'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:49:58

Folder: Screening
Form: Pregnancy Test

Generated On: 11 Aug 2021 22:35:15 Was the pregnancy test performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:50:29

Folder: Screening
Form: Pregnancy Test

Generated On: 11 Aug 2021 22:35:15

Date of test (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '8 Aug 2020'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:50:29

Folder: Screening
Form: Pregnancy Test

Generated On: 11 Aug 2021 22:35:15

Test performed

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4)	15 Feb 2021 17:50:20
User entered 'Urine (URINE)'	(b) (4) Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:50:29

Folder: Screening Form: Pregnancy Test

Generated On: 11 Aug 2021 22:35:15

Result

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Negative (NEGATIVE)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:50:29

Folder: Screening
Form: Pregnancy Test

Generated On: 11 Aug 2021 22:35:15

Was FSH sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'No (N)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:50:29

Folder: Screening Form: Pregnancy Test

Generated On: 11 Aug 2021 22:35:15

Collection date

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:50:29

Folder: Screening Form: Pregnancy Test

Generated On: 11 Aug 2021 22:35:15

Collection time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:50:29

Folder: Screening Form: Pregnancy Test

Generated On: 11 Aug 2021 22:35:15

Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User entered empty.	System	09 Aug 2020 12:50:29

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:15

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'No (N)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:51:05

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:15

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'No (N)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:51:05

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:15

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)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	(b) (4) Tarin Gordon (b) (4)	09 Aug 2020 12:51:05

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:15

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)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'No (N)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:51:05

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:15

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'No (N)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:51:05

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:15

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)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'No (N)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:51:05

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:15

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)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4)	15 Feb 2021 17:50:20
User entered 'No (N)'	(b) (4) Tarin Gordon (b) (4)	09 Aug 2020 12:51:05

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:15

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)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'No (N)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:51:05

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:15

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)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'No (N)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:51:05

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:15

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)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4)	15 Feb 2021 17:50:20
User entered 'No (N)'	(b) (4) Tarin Gordon (b) (4)	09 Aug 2020 12:51:05

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:15

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)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'No (N)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:51:05

Folder: Screening

Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:15

Other

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'No (N)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:51:05

Folder: Screening

Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:15

Specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:51:05

Folder: Screening
Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:15

No Risk Identified

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '0'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:51:05

Folder: Screening
Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:15

Resides in Nursing Home or Assisted Living Facility

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4)	15 Feb 2021 17:50:20
User entered '0'	(b) (4) Tarin Gordon (b) (4)	09 Aug 2020 12:51:05

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:15

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

living with children < 18yrs)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '0'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:51:05

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:15

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)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '0'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:51:05

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:15

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)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '0'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:51:05

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:15

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '1'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:51:05

Folder: Screening

Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:15

Other

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '0'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:51:05

Folder: Screening

Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:15

Specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:36:46
User signature succeeded.	Frank Eder (b) (4)	15 Feb 2021 17:50:20
User entered empty.	(b) (4) Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:51:05

Folder: Visit 1 Day 1 Form: Visit Date

Generated On: 11 Aug 2021 22:35:15

Was this visit performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:51:19

Folder: Visit 1 Day 1 Form: Visit Date

Generated On: 11 Aug 2021 22:35:15

Visit date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '8 Aug 2020'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:51:19

Folder: Visit 1 Day 1 Form: Visit Date

Generated On: 11 Aug 2021 22:35:15

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Clinic (Clinic)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:51:19

Folder: Visit 1 Day 1 Form: Visit Date

Generated On: 11 Aug 2021 22:35:15

Folder OID

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User entered 'VISIT1'	System	09 Aug 2020 12:51:19

Folder: Visit 1 Day 1 Form: Randomization

Generated On: 11 Aug 2021 22:35:15

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '08 AUG 2020'	RWŚ_ENDPOINT ENDPOINT (b) (4)	08 Aug 2020 18:00:28

Folder: Visit 1 Day 1 Form: Randomization

Generated On: 11 Aug 2021 22:35:15

What was the participant's randomization number?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
Amendment Manager: User closed query 'Data entered is non-conformant. Please correct.' (Site from System).	System	21 Aug 2020 03:08:09
Amendment Manager: Data point set to conformant.	System	21 Aug 2020 03:08:09
User opened query 'Data entered is non-conformant. Please correct.' (Site from System).	System	08 Aug 2020 18:00:28
User entered '102390' (non-conformant).	RWS_ENDPOINT ENDPOINT (b) (4)	08 Aug 2020 18:00:28

Folder: Visit 1 Day 1 Form: Randomization

Generated On: 11 Aug 2021 22:35:15
In what Cohort was the participant enrolled?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '>=18 and <65 years and not at risk (1)'		08 Aug 2020 18:00:28

Folder: Visit 1 Day 1 Form: Randomization

Generated On: 11 Aug 2021 22:35:15

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)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4)	15 Feb 2021 17:50:20
User entered 'No (N)'	(b) (4) Tarin Gordon (b) (4)	09 Aug 2020 12:51:31

Folder: Visit 1 Day 1
Form: Randomization

Generated On: 11 Aug 2021 22:35:15

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)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4)	15 Feb 2021 17:50:20
User entered 'No (N)'	(b) (4) Tarin Gordon (b) (4)	09 Aug 2020 12:51:31

Folder: Visit 1 Day 1 Form: Randomization

Generated On: 11 Aug 2021 22:35:15

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'No (N)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:51:31

Folder: Visit 1 Day 1
Form: Randomization

Generated On: 11 Aug 2021 22:35:15 Diabetes (Type I, Type 2, or gestational)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'No (N)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:51:31

Folder: Visit 1 Day 1 Form: Randomization

Generated On: 11 Aug 2021 22:35:15

Liver Disease

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'No (N)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:51:31

Folder: Visit 1 Day 1
Form: Randomization

Generated On: 11 Aug 2021 22:35:15

Human Immunodeficiency Virus (HIV) infection

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User closed query 'Per CDM: This field requires yes	`(b)`(4), (b) (6)	03 Nov 2020 13:56:38
or no. Please complete. '(Site from DM).		
Query 'Per CDM: This field requires yes or no.	Tammy Kohn (b) (4)	02 Nov 2020 13:21:29
Please complete. 'answered with 'DATA UPDATED	' (b) (4)	
(Site from DM).		
User entered 'No (N)'	Tammy Kohn (b) (4)	02 Nov 2020 13:21:22
	(b) (4)	
User opened query 'Per CDM: This field requires yes	(b) (4), (b) (6)	02 Nov 2020 10:47:36
or no. Please complete. '(Site from DM).		
Amendment Manager: DataPoint set to visible.	System	19 Sep 2020 10:04:05
Amendment Manager inserted this DataPoint.	System	19 Sep 2020 04:38:21

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:35:15

Height

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4)	15 Feb 2021 17:50:20
User entered missing code ND - Not Done; reason for	(b) (4) rTammy Kohn (b) (4)	20 Dec 2020 18:06:06
change Data Entry Error	(b) (4)	
User entered '166.7' cm	Tarin Gordon (b) (4)	09 Aug 2020 12:53:01
	(b) (4)	

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:35:15

Weight

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4)	15 Feb 2021 17:50:20
User entered missing code ND - Not Done; reason for	(b) (4) orTammy Kohn (b) (4)	20 Dec 2020 18:06:06
change Data Entry Error	(b) (4)	
User entered '68.7' kg	Tarin Gordon (b) (4)	09 Aug 2020 12:53:01
	(b) (4)	

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:35:15

Height

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4)	15 Feb 2021 17:50:20
User entered missing code ND - Not Done; reason fo	(b) (4) rTammy Kohn (b) (4)	20 Dec 2020 18:06:06
change Data Entry Error	(b) (4)	
User entered '166.7' cm	Tarin Gordon (b) (4)	09 Aug 2020 12:53:01
	(b) (4)	

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:35:15

Weight

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4)	15 Feb 2021 17:50:20
User entered missing code ND - Not Done; reason for	(b) (4) orTammy Kohn (b) (4)	20 Dec 2020 18:06:06
change Data Entry Error	(b) (4)	
User entered '68.7' kg	Tarin Gordon (b) (4)	09 Aug 2020 12:53:01
	(b) (4)	

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:15

Timepoint

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User accepted default value 'Pre-Dose (PREDOSE)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:53:01

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:15

Were vital signs assessed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:53:01

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:15 Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '8 Aug 2020'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:53:01

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:15

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '13:44'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:53:01

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:15 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User entered '8 Aug 2020 13:44'	System	09 Aug 2020 12:53:01

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:15

Temperature (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '98.2' F	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:53:01

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:15

Route of measurement

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Oral (Oral)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:53:01

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:15

If Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:53:01

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:15

Pulse (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '82'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:53:01

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:15

Pulse units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User entered 'bpm'	System	09 Aug 2020 12:53:01

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:15

Respiratory Rate (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '14'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:53:01

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:15

Respiratory Rate units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User entered 'breaths/min'	System	09 Aug 2020 12:53:01

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:15

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '128'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:53:01

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:15

Systolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User entered 'mmHg'	System	09 Aug 2020 12:53:01

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:15

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '78'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:53:01

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:15

Diastolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User entered 'mmHg'	System	09 Aug 2020 12:53:01

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:35:15

Height

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered missing code ND - Not Done; reason for		20 Dec 2020 18:06:06
change Data Entry Error	(b) (4)	
User entered '166.7' cm	Tarin Gordon (b) (4)	09 Aug 2020 12:53:01
	(b) (4)	

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:35:15

Weight

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4)	15 Feb 2021 17:50:20
User entered missing code ND - Not Done; reason for	(b) (4) orTammy Kohn (b) (4)	20 Dec 2020 18:06:06
change Data Entry Error	(b) (4)	
User entered '68.7' kg	Tarin Gordon (b) (4)	09 Aug 2020 12:53:01
	(b) (4)	

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:15

Timepoint

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User accepted default value 'Post-Dose (POSTDOSE)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:53:01

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:15

Were vital signs assessed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:53:01

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:15 Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '8 Aug 2020'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:53:01

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:15

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User closed query 'Post-dose vital signs time is prior to or less than 60 minutes after the Dose Time. Pleas review and reconcile.' (Site from System).	. , , , , , , ,	14 Aug 2020 12:58:02
Query 'Post-dose vital signs time is prior to or less than 60 minutes after the Dose Time. Please review and reconcile.' answered with '30 MIN' (Site from System).	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:53:12
User opened query 'Post-dose vital signs time is prior to or less than 60 minutes after the Dose Time. Pleas review and reconcile.' (Site from System).	•	09 Aug 2020 12:53:01
User entered '14:54'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:53:01

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:15 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User entered '8 Aug 2020 14:54'	System	09 Aug 2020 12:53:01

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:15

Temperature (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '97.1' F	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:53:01

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:15

Route of measurement

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Oral (Oral)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:53:01

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:15

If Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:53:01

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:15

Pulse (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '65'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:53:01

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:15

Pulse units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User entered 'bpm'	System	09 Aug 2020 12:53:01

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:15

Respiratory Rate (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '14'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:53:01

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:15

Respiratory Rate units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User entered 'breaths/min'	System	09 Aug 2020 12:53:01

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:15

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '115'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:53:01

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:15

Systolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User entered 'mmHg'	System	09 Aug 2020 12:53:01

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:15

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '77'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:53:01

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:15

Diastolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User entered 'mmHg'	System	09 Aug 2020 12:53:01

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 11 Aug 2021 22:35:15 Was the physical examination performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:53:24

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 11 Aug 2021 22:35:15 Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '8 Aug 2020'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:53:24

Folder: Visit 1 Day 1
Form: Pregnancy Test

Generated On: 11 Aug 2021 22:35:15 Was the pregnancy test performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User closed query 'Per CDM, test with the same date reported at Screening. Please check. If duplicate information, please record test at Visit 1 Day 1 as not performed, otherwise explain.' (Site from DM).	(b) (4), (b) (6)	07 Oct 2020 18:03:12
Query 'Per CDM, test with the same date reported at Screening. Please check. If duplicate information, please record test at Visit 1 Day 1 as not performed, otherwise explain.' answered with 'DATA UPDATED' (Site from DM).	Tammy Kohn (b) (4) (b) (4)	06 Oct 2020 11:31:20
User entered 'No (N)' reason for change: Data Entry Error	Tammy Kohn (b) (4) (b) (4)	06 Oct 2020 11:31:16
User opened query 'Per CDM, test with the same date reported at Screening. Please check. If duplicate information, please record test at Visit 1 Day 1 as not performed, otherwise explain.' (Site from DM).		06 Oct 2020 09:24:41
User entered 'Yes (Y)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:53:36

Folder: Visit 1 Day 1
Form: Pregnancy Test

Generated On: 11 Aug 2021 22:35:15

Date of test (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4)	15 Feb 2021 17:50:20
User entered empty; reason for change Data Entry	(b) (4) Tammy Kohn (b) (4)	06 Oct 2020 11:31:16
Error User entered '8 Aug 2020'	(b) (4) Tarin Gordon (b) (4)	09 Aug 2020 12:53:36
Osci chicica o Aug 2020	(b) (4)	0) Aug 2020 12.33.30

Folder: Visit 1 Day 1 Form: Pregnancy Test

Generated On: 11 Aug 2021 22:35:15

Test performed

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4)	15 Feb 2021 17:50:20
User entered empty; reason for change Data Entry	(b) (4) Tammy Kohn (b) (4)	06 Oct 2020 11:31:16
Error User entered 'Urine (URINE)'	(b) (4) Tarin Gordon (b) (4)	09 Aug 2020 12:53:36
	(b) (4)	

Folder: Visit 1 Day 1 Form: Pregnancy Test

Generated On: 11 Aug 2021 22:35:15

Result

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty; reason for change Data Entry Error	Tammy Kohn (b) (4) (b) (4)	06 Oct 2020 11:31:16
User entered 'Negative (NEGATIVE)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:53:36

Folder: Visit 1 Day 1 Form: Pregnancy Test

Generated On: 11 Aug 2021 22:35:15

Was FSH sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User closed query 'Per CDM: A yes/no response is	(b) (4), (b) (6)	09 Oct 2020 10:55:31
required for this field. Please update. ' (Site from		
DM).		
Query 'Per CDM: A yes/no response is required for	Tammy Kohn (b) (4)	07 Oct 2020 19:51:59
this field. Please update. 'answered with 'DATA	(b) (4)	
UPDATED' (Site from DM).		
User entered 'No (N)' reason for change: Data Entry	Tammy Kohn (b) (4)	07 Oct 2020 19:51:55
Error	(b) (4)	
User opened query 'Per CDM: A yes/no response is	(b) (4), (b) (6)	07 Oct 2020 18:03:16
required for this field. Please update. '(Site from		•
DM).		
User entered empty; reason for change Data Entry	Tammy Kohn (b) (4)	06 Oct 2020 11:31:16
Error	(b) (4)	
User entered 'No (N)'	Tarin Gordon (b) (4)	09 Aug 2020 12:53:36
	(b) (4)	5

Folder: Visit 1 Day 1 Form: Pregnancy Test

Generated On: 11 Aug 2021 22:35:15

Collection date

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4)	15 Feb 2021 17:50:20
User entered empty.	(b) (4) Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:53:36

Folder: Visit 1 Day 1 Form: Pregnancy Test

Generated On: 11 Aug 2021 22:35:15

Collection time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:53:36

Folder: Visit 1 Day 1 Form: Pregnancy Test

Generated On: 11 Aug 2021 22:35:15 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User entered empty.	System	09 Aug 2020 12:53:36

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 22:35:15

Was study treatment given?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	Jennifer Molstead (b) (4) (b) (4)	08 Aug 2020 18:41:51

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 22:35:15

If No, reason not given

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Jennifer Molstead (b) (4) (b) (4)	08 Aug 2020 18:41:51

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 22:35:15

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)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Jennifer Molstead (b) (4) (b) (4)	08 Aug 2020 18:41:51

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 22:35:15

What was the study treatment?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User entered 'MRNA-1273 OR PLACEBO'	System	08 Aug 2020 18:41:51

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 22:35:15 What was the treatment date? (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '8 Aug 2020'	Jennifer Molstead (b) (4) (b) (4)	08 Aug 2020 18:41:51

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 22:35:15 What was the treatment time? (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '14:23'	Jennifer Molstead (b) (4) (b) (4)	08 Aug 2020 18:41:51

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 22:35:15 Treatment Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User entered '8 Aug 2020 14:23'	System	08 Aug 2020 18:41:51

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 22:35:15 Which arm was used to give treatment?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Left Arm (LEFT ARM)'	Jennifer Molstead (b) (4) (b) (4)	08 Aug 2020 18:41:51

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 22:35:15

What was the frequency of the study treatment dosing?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User entered 'ONCE'	System	08 Aug 2020 18:41:51

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 22:35:15

What was the route of administration for the study treatment?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User entered 'INTRAMUSCULAR'	System	08 Aug 2020 18:41:51

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:15

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:53:57

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:15

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4)	15 Feb 2021 17:50:20
User entered '8 Aug 2020'	(b) (4) Tarin Gordon (b) (4)	09 Aug 2020 12:53:57

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:15

Collection time (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '14:10'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:53:57

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:15 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User entered '8 Aug 2020 14:10'	System	09 Aug 2020 12:53:57

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 11 Aug 2021 22:35:15

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User closed query 'Per GCL Lab Reconciliation: Swab: Re-query: Response noted, However please provide both Accession number and the shipment tracking details in the response. Thank you.' (Site from DM).	(b) (4), (b) (6)	08 Apr 2021 05:45:14
Query 'Per GCL Lab Reconciliation: Swab: Re-query: Response noted, However please provide both Accession number and the shipment tracking details in the response. Thank you.' answered with 'FedEX. AWB# 906907844584 Delivered Wednesday, August 12, 2020 at 8:47 am	Tammy Kohn (b) (4) (b) (4)	17 Mar 2021 14:41:00
DELIVERED Signed for by: (b) (6) '(Site from DM). User opened query 'Per GCL Lab Reconciliation: Swab: Re-query: Response noted, However please provide both Accession number and the shipment tracking details in the response. Thank you.' (Site from DM).	(b) (4), (b) (6)	12 Mar 2021 10:12:49
User closed query 'Per GCL Lab Reconciliation: Swab: Per site response," RECONCILIATION PAPERWORK SENT TO PPD BY LAB PERSONNEL"; however, no updates are reflected in PPD portal. Please review if the sample has been shipped then provide Accession and tracking number and shipped date or else, please ship the sample and provide the tracking details in the response. Thank you. '(Site from DM).		12 Mar 2021 10:12:49
Query 'Per GCL Lab Reconciliation: Swab: Per site response," RECONCILIATION PAPERWORK SENT TO PPD BY LAB PERSONNEL"; however, no updates are reflected in PPD portal. Please review if the sample has been shipped then provide Accession and tracking number and shipped date or else, please ship the sample and provide the tracking details in the response. Thank you. 'answered with 'Shipped 11AUG2020 br />AWB# 906907844584 FedEX br />' (Site from DM).		11 Mar 2021 17:14:15

PRODUCTION RELEASE (v12.003 EAB) (1725)

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Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 11 Aug 2021 22:35:15

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
User opened query 'Per GCL Lab Reconciliation: Swab: Per site response," RECONCILIATION PAPERWORK SENT TO PPD BY LAB PERSONNEL"; however, no updates are reflected in PPD portal. Please review if the sample has been shipped then provide Accession and tracking number and shipped date or else, please ship the sample and provide the tracking details in the response. Thank you. ' (Site from DM).	(b) (4), (b) (6)	08 Feb 2021 07:49:22
User closed query 'Per GCL Lab Reconciliation: Swab: Sample dated 08-AUG-2020 is recorded under Visit 1 Day 1 in EDC, however, the sample is missing in PPD Central lab. Please review if the sample has been shipped then provide Accession number for tracking or else, please ship the sample and provide the tracking details in the response. Thank you.	(b) (4), (b) (6)	21 Dec 2020 04:17:27
'(Site from DM). Query 'Per GCL Lab Reconciliation: Swab: Sample dated 08-AUG-2020 is recorded under Visit 1 Day 1 in EDC, however, the sample is missing in PPD Central lab. Please review if the sample has been shipped then provide Accession number for tracking or else, please ship the sample and provide the tracking details in the response. Thank you.	Tammy Kohn (b) (4) (b) (4)	19 Dec 2020 16:45:36
' answered with 'RECONCILIATION PAPERWORK SENT TO PPD BY LAB PERSONNEL' (Site from DM).		
User opened query 'Per GCL Lab Reconciliation: Swab: Sample dated 08-AUG-2020 is recorded under Visit 1 Day 1 in EDC, however, the sample is missing in PPD Central lab. Please review if the sample has been shipped then provide Accession number for tracking or else, please ship the sample and provide the tracking details in the response. Thank you.	(b) (4), (b) (6)	07 Dec 2020 05:16:41
' (Site from DM). User entered '8 Aug 2020'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:54:11
PRODUCTION RELEASE (v12.003 EAB) (1725)		511 of 1607

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 11 Aug 2021 22:35:15

Lab Test

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User accepted default value 'Nasopharyngeal Swab 1 (NASAL1)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:54:11

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 11 Aug 2021 22:35:15

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered 'Yes (Y)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:54:11

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 11 Aug 2021 22:35:15

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered '14:07'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:54:11

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 11 Aug 2021 22:35:15 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User entered '8 Aug 2020 14:07'	System	09 Aug 2020 12:54:11

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 11 Aug 2021 22:35:15

Lab Test

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User accepted default value 'Nasopharyngeal Swab 2 (NASAL2)'	2 Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:54:11

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 11 Aug 2021 22:35:15

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered 'No (N)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:54:11

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 11 Aug 2021 22:35:15

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered empty.	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:54:11

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 11 Aug 2021 22:35:15 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User entered empty.	System	09 Aug 2020 12:54:11

Folder: Visit 1 Day 1
Form: Continuing

Generated On: 11 Aug 2021 22:35:15
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:54:18

Folder: Visit 1 Day 1 Form: Continuing

Generated On: 11 Aug 2021 22:35:15

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 06:12:10
User entered '1'	System	09 Aug 2020 12:54:18

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

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
Data entry locked.	System	08 Aug 2020 18:41:51
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-08T14:54:44', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '76216c90-8a78-4dea-b53f-c86a186eb59e'	System	08 Aug 2020 18:55:09
User entered 'Yes (Y)'	System	08 Aug 2020 18:55:09

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

Generated On: 11 Aug 2021 22:35:15
Please record your TEMPERATURE in °F

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-08T14:54:52', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '76216c90-8a78-4dea-b53f-c86a186eb59e'	System	08 Aug 2020 18:55:09
User entered '97.1'	System	08 Aug 2020 18:55:09

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

Generated On: 11 Aug 2021 22:35:15

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-08T14:54:57', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '76216c90-8a78-4dea-b53f-c86a186eb59e'	System	08 Aug 2020 18:55:09
User entered 'No (N)'	System	08 Aug 2020 18:55:09

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

Generated On: 11 Aug 2021 22:35:15

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-08T14:55:06', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '76216c90-8a78-4dea-b53f-c86a186eb59e'	System	08 Aug 2020 18:55:09
User entered '08 Aug 2020 14:55'	System	08 Aug 2020 18:55:09

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

Generated On: 11 Aug 2021 22:35:15

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '08 Aug 2020 14:43'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '08 Aug 2020 17:13'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Time (GMT)
0) (4), (b) (6) 05 Mar 2021 04:22:15
08 Aug 2020 18:41:51 08 Aug 2020 18:41:51
ם

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

Generated On: 11 Aug 2021 22:35:15

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-08T22:47:08', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '0c6351fc-f3e1-42a3-b9ab-c92237ea35bd'	System	09 Aug 2020 02:47:23
User entered 'Yes (Y)'	System	09 Aug 2020 02:47:23

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

Generated On: 11 Aug 2021 22:35:15
Please record your TEMPERATURE in °F

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-08T22:47:13', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '0c6351fc-f3e1-42a3-b9ab-c92237ea35bd'	System	09 Aug 2020 02:47:23
User entered '96.4'	System	09 Aug 2020 02:47:23

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

Generated On: 11 Aug 2021 22:35:15

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-08T22:47:17', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '0c6351fc-f3e1-42a3-b9ab-c92237ea35bd'	System	09 Aug 2020 02:47:23
User entered 'No (N)'	System	09 Aug 2020 02:47:23

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

Generated On: 11 Aug 2021 22:35:15

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-08T22:47:20', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '0c6351fc-f3e1-42a3-b9ab-c92237ea35bd'	System	09 Aug 2020 02:47:23
User entered '08 Aug 2020 22:47'	System	09 Aug 2020 02:47:23

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

Generated On: 11 Aug 2021 22:35:15

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '08 Aug 2020 18:08'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '09 Aug 2020 11:59'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
Data entry locked. User entered 'Day 2'	System System	08 Aug 2020 18:41:51 08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-09T20:04:57', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '6846fe65-2744-40ca-ad1f-31b57a8419d6'	System	10 Aug 2020 00:05:27
User entered 'Yes (Y)'	System	10 Aug 2020 00:05:27

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

Generated On: 11 Aug 2021 22:35:15
Please record your TEMPERATURE in °F

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-09T20:05:01', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '6846fe65-2744-40ca-ad1f-31b57a8419d6'	System	10 Aug 2020 00:05:27
User entered '96.5'	System	10 Aug 2020 00:05:27

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

Generated On: 11 Aug 2021 22:35:15

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-09T20:05:10', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '6846fe65-2744-40ca-ad1f-31b57a8419d6'	System	10 Aug 2020 00:05:27
User entered 'Yes (Y)'	System	10 Aug 2020 00:05:27

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

Generated On: 11 Aug 2021 22:35:15

To TREAT pain or fever that has already occurred

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User closed query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System).	(b) (4), (b) (6)	06 Oct 2020 14:52:19
Query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' answered with 'PATIENT TOOK IBUPROFEN FOR MILD INJECTION SITE PAIN' (Site from System).	Tammy Kohn (b) (4) (b) (4)	02 Oct 2020 20:51:11
User opened query 'Per the participant response, medication was taken to treat pain or fever. Please confirm the participant was contacted to determine the medication details and record on the concomitant medication pages. Thank you.' (Site from System).	System	10 Aug 2020 00:05:27
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-09T20:05:18', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '6846fe65-2744-40ca-ad1f-31b57a8419d6'	System	10 Aug 2020 00:05:27
User entered '1'	System	10 Aug 2020 00:05:27

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

Generated On: 11 Aug 2021 22:35:15
To PREVENT pain or fever from occurring

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-09T20:05:18', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '6846fe65-2744-40ca-ad1f-31b57a8419d6'	System	10 Aug 2020 00:05:27
User entered '0'	System	10 Aug 2020 00:05:27

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

Generated On: 11 Aug 2021 22:35:15

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-09T20:05:26', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '6846fe65-2744-40ca-ad1f-31b57a8419d6'	System	10 Aug 2020 00:05:27
User entered '09 Aug 2020 20:05'	System	10 Aug 2020 00:05:27

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

Generated On: 11 Aug 2021 22:35:15

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '09 Aug 2020 12:00'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '10 Aug 2020 11:59'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
Data entry locked. User entered 'Day 3'	System System	08 Aug 2020 18:41:51 08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

Was TEMPERATURE taken?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-11T10:19:58', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'dabc6489-4611-47a1-baa6-5e2d0f094146'	System	11 Aug 2020 14:20:12
User entered 'Yes (Y)'	System	11 Aug 2020 14:20:12

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

Generated On: 11 Aug 2021 22:35:15
Please record your TEMPERATURE in °F

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-11T10:20:03', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'dabc6489-4611-47a1-baa6-5e2d0f094146'	System	11 Aug 2020 14:20:12
User entered '96.9'	System	11 Aug 2020 14:20:12

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

Generated On: 11 Aug 2021 22:35:15

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-11T10:20:06', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'dabc6489-4611-47a1-baa6-5e2d0f094146'	System	11 Aug 2020 14:20:12
User entered 'No (N)'	System	11 Aug 2020 14:20:12

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

Generated On: 11 Aug 2021 22:35:15

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-11T10:20:10', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'dabc6489-4611-47a1-baa6-5e2d0f094146'	System	11 Aug 2020 14:20:12
User entered '11 Aug 2020 10:20'	System	11 Aug 2020 14:20:12

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

Generated On: 11 Aug 2021 22:35:15

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '10 Aug 2020 12:00'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '11 Aug 2020 11:59'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
Data entry locked. User entered 'Day 4'	System System	08 Aug 2020 18:41:51 08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

Was TEMPERATURE taken?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-12T08:22:29', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'e0eb7f5e-089f-4ebc-87c1-92477cfe635b'	System	12 Aug 2020 12:22:46
User entered 'Yes (Y)'	System	12 Aug 2020 12:22:46

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

Generated On: 11 Aug 2021 22:35:15
Please record your TEMPERATURE in °F

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-12T08:22:35', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'e0eb7f5e-089f-4ebc-87c1-92477cfe635b'	System	12 Aug 2020 12:22:46
User entered '96.9'	System	12 Aug 2020 12:22:46

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

Generated On: 11 Aug 2021 22:35:15

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-12T08:22:39', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'e0eb7f5e-089f-4ebc-87c1-92477cfe635b'	System	12 Aug 2020 12:22:46
User entered 'No (N)'	System	12 Aug 2020 12:22:46

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

Generated On: 11 Aug 2021 22:35:15

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-12T08:22:44', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'e0eb7f5e-089f-4ebc-87c1-92477cfe635b'	System	12 Aug 2020 12:22:46
User entered '12 Aug 2020 08:22'	System	12 Aug 2020 12:22:46

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

Generated On: 11 Aug 2021 22:35:15

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '11 Aug 2020 12:00'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '12 Aug 2020 11:59'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
Data entry locked.	System	08 Aug 2020 18:41:51
User entered 'Day 5'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

Was TEMPERATURE taken?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-13T08:14:13', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '5822979a-de82-444c-abac-d47b3f384665'	System	13 Aug 2020 12:14:37
User entered 'Yes (Y)'	System	13 Aug 2020 12:14:37

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

Generated On: 11 Aug 2021 22:35:15
Please record your TEMPERATURE in °F

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-13T08:14:19', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '5822979a-de82-444c-abac-d47b3f384665'	System	13 Aug 2020 12:14:37
User entered '97.2'	System	13 Aug 2020 12:14:37

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

Generated On: 11 Aug 2021 22:35:15

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-13T08:14:32', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '5822979a-de82-444c-abac-d47b3f384665'	System	13 Aug 2020 12:14:37
User entered 'No (N)'	System	13 Aug 2020 12:14:37

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

Generated On: 11 Aug 2021 22:35:15

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-13T08:14:35', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '5822979a-de82-444c-abac-d47b3f384665'	System	13 Aug 2020 12:14:37
User entered '13 Aug 2020 08:14'	System	13 Aug 2020 12:14:37

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

Generated On: 11 Aug 2021 22:35:15

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '12 Aug 2020 12:00'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '13 Aug 2020 11:59'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
Data entry locked.	System	08 Aug 2020 18:41:51
User entered 'Day 6'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

Was TEMPERATURE taken?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-13T18:19:23', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '0e18f935-06af-449d-8e1a-1c13b2440b86'	System	13 Aug 2020 22:19:49
User entered 'Yes (Y)'	System	13 Aug 2020 22:19:49

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

Generated On: 11 Aug 2021 22:35:15
Please record your TEMPERATURE in °F

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-13T18:19:37', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '0e18f935-06af-449d-8e1a-1c13b2440b86'	System	13 Aug 2020 22:19:49
User entered '97.2'	System	13 Aug 2020 22:19:49

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

Generated On: 11 Aug 2021 22:35:15

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-13T18:19:43', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '0e18f935-06af-449d-8e1a-1c13b2440b86'	System	13 Aug 2020 22:19:49
User entered 'No (N)'	System	13 Aug 2020 22:19:49

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

Generated On: 11 Aug 2021 22:35:15

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-13T18:19:46', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '0e18f935-06af-449d-8e1a-1c13b2440b86'	System	13 Aug 2020 22:19:49
User entered '13 Aug 2020 18:19'	System	13 Aug 2020 22:19:49

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

Generated On: 11 Aug 2021 22:35:15

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '13 Aug 2020 12:00'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '14 Aug 2020 11:59'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
Data entry locked. User entered 'Day 7'	System System	08 Aug 2020 18:41:51 08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

Was TEMPERATURE taken?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-15T07:59:27', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'b1c09540-7c13-4f87-aa88-7ba7a128bc19'	System	15 Aug 2020 11:59:41
User entered 'Yes (Y)'	System	15 Aug 2020 11:59:41

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

Generated On: 11 Aug 2021 22:35:15
Please record your TEMPERATURE in °F

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-15T07:59:30', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'b1c09540-7c13-4f87-aa88-7ba7a128bc19'	System	15 Aug 2020 11:59:41
User entered '96.2'	System	15 Aug 2020 11:59:41

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

Generated On: 11 Aug 2021 22:35:15

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-15T07:59:36', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'b1c09540-7c13-4f87-aa88-7ba7a128bc19'	System	15 Aug 2020 11:59:41
User entered 'No (N)'	System	15 Aug 2020 11:59:41

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

Generated On: 11 Aug 2021 22:35:15

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-15T07:59:38', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'b1c09540-7c13-4f87-aa88-7ba7a128bc19'	System	15 Aug 2020 11:59:41
User entered '15 Aug 2020 07:59'	System	15 Aug 2020 11:59:41

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

Generated On: 11 Aug 2021 22:35:15

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '14 Aug 2020 12:00'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '15 Aug 2020 11:59'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
Data entry locked.	System	08 Aug 2020 18:41:51
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

Please record - PAIN AT INJECTION SITE.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-08T14:55:21', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '03cd95a6-0c8e-45ec-9019-d8f0879b93ab'	System	08 Aug 2020 18:56:05
User entered 'None (1)'	System	08 Aug 2020 18:56:05

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

Generated On: 11 Aug 2021 22:35:15

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-08T14:55:37', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '03cd95a6-0c8e-45ec-9019-d8f0879b93ab'	System	08 Aug 2020 18:56:05
User entered 'No (N)'	System	08 Aug 2020 18:56:05

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

Generated On: 11 Aug 2021 22:35:15

Is there any SWELLING/HARDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-08T14:55:45', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '03cd95a6-0c8e-45ec-9019-d8f0879b93ab'	System	08 Aug 2020 18:56:05
User entered 'No (N)'	System	08 Aug 2020 18:56:05

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

Generated On: 11 Aug 2021 22:35:15

Please record - UNDERARM GLAND SWELLING OR TENDERNESS.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-08T14:55:57', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '03cd95a6-0c8e-45ec-9019-d8f0879b93ab'	System	08 Aug 2020 18:56:05
User entered 'None (1)'	System	08 Aug 2020 18:56:05

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

Generated On: 11 Aug 2021 22:35:15

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-08T14:56:03', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '03cd95a6-0c8e-45ec-9019-d8f0879b93ab'	System	08 Aug 2020 18:56:05
User entered '08 Aug 2020 14:56'	System	08 Aug 2020 18:56:05

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

Generated On: 11 Aug 2021 22:35:15

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '08 Aug 2020 14:43'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '08 Aug 2020 17:13'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
Data entry locked.	System	08 Aug 2020 18:41:51
User entered 'Day 1, after vaccination (at home)'	System	08 Aug 2020 18:4

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

Generated On: 11 Aug 2021 22:35:15

Please record - PAIN AT INJECTION SITE.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-08T22:47:35', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '30927400-5a51-478a-8b83-09567cfbd307'	System	09 Aug 2020 02:48:33
User entered 'Does not interfere with activity (2)'	System	09 Aug 2020 02:48:33

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

Generated On: 11 Aug 2021 22:35:15

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-08T22:48:10', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '30927400-5a51-478a-8b83-09567cfbd307'	System	09 Aug 2020 02:48:33
User entered 'No (N)'	System	09 Aug 2020 02:48:33

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

Generated On: 11 Aug 2021 22:35:15

Is there any SWELLING/HARDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-08T22:48:14', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '30927400-5a51-478a-8b83-09567cfbd307'	System	09 Aug 2020 02:48:33
User entered 'No (N)'	System	09 Aug 2020 02:48:33

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

Generated On: 11 Aug 2021 22:35:15

Please record - UNDERARM GLAND SWELLING OR TENDERNESS.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-08T22:48:25', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '30927400-5a51-478a-8b83-09567cfbd307'	System	09 Aug 2020 02:48:33
User entered 'None (1)'	System	09 Aug 2020 02:48:33

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

Generated On: 11 Aug 2021 22:35:15

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-08T22:48:31', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '30927400-5a51-478a-8b83-09567cfbd307'	System	09 Aug 2020 02:48:33
User entered '08 Aug 2020 22:48'	System	09 Aug 2020 02:48:33

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

Generated On: 11 Aug 2021 22:35:15

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '08 Aug 2020 18:08'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '09 Aug 2020 11:59'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
Data entry locked. User entered 'Day 2'	System System	08 Aug 2020 18:41:51 08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

Please record - PAIN AT INJECTION SITE.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
		40.4. 2020.00.07.07
External Audit Record. Reason for change: 'Not	System	10 Aug 2020 00:07:05
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2020-08-09T20:06:09', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '95ed4e3e-0a9a-4c00-8421-066ba3b4a184'		
User entered 'Any use of prescription pain reliever or	System	10 Aug 2020 00:07:05
prevents daily activity (4)'	•	-

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

Generated On: 11 Aug 2021 22:35:15

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-09T20:06:31', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '95ed4e3e-0a9a-4c00-8421-066ba3b4a184'	System	10 Aug 2020 00:07:05
User entered 'No (N)'	System	10 Aug 2020 00:07:05

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

Generated On: 11 Aug 2021 22:35:15

Is there any SWELLING/HARDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-09T20:06:35', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '95ed4e3e-0a9a-4c00-8421-066ba3b4a184'	System	10 Aug 2020 00:07:05
User entered 'No (N)'	System	10 Aug 2020 00:07:05

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

Generated On: 11 Aug 2021 22:35:15

Please record - UNDERARM GLAND SWELLING OR TENDERNESS.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-09T20:06:53', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '95ed4e3e-0a9a-4c00-8421-066ba3b4a184'	System	10 Aug 2020 00:07:05
User entered 'None (1)'	System	10 Aug 2020 00:07:05

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

Generated On: 11 Aug 2021 22:35:15

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-09T20:07:01', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '95ed4e3e-0a9a-4c00-8421-066ba3b4a184'	System	10 Aug 2020 00:07:05
User entered '09 Aug 2020 20:07'	System	10 Aug 2020 00:07:05

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

Generated On: 11 Aug 2021 22:35:15

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '09 Aug 2020 12:00'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '10 Aug 2020 11:59'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
Data entry locked. User entered 'Day 3'	System System	08 Aug 2020 18:41:51 08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15
Please record - PAIN AT INJECTION SITE.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-11T10:20:25', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'f265d76b-c85c-4811-b71a-00d659f9cc63'	System	11 Aug 2020 14:20:52
User entered 'None (1)'	System	11 Aug 2020 14:20:52

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

Generated On: 11 Aug 2021 22:35:15

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-11T10:20:27', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'f265d76b-c85c-4811-b71a-00d659f9cc63'	System	11 Aug 2020 14:20:52
User entered 'No (N)'	System	11 Aug 2020 14:20:52

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

Generated On: 11 Aug 2021 22:35:15

Is there any SWELLING/HARDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-11T10:20:30', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'f265d76b-c85c-4811-b71a-00d659f9cc63'	System	11 Aug 2020 14:20:52
User entered 'No (N)'	System	11 Aug 2020 14:20:52

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

Generated On: 11 Aug 2021 22:35:15

Please record - UNDERARM GLAND SWELLING OR TENDERNESS.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-11T10:20:45', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'f265d76b-c85c-4811-b71a-00d659f9cc63'	System	11 Aug 2020 14:20:52
User entered 'None (1)'	System	11 Aug 2020 14:20:52

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

Generated On: 11 Aug 2021 22:35:15

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-11T10:20:48', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'f265d76b-c85c-4811-b71a-00d659f9cc63'	System	11 Aug 2020 14:20:52
User entered '11 Aug 2020 10:20'	System	11 Aug 2020 14:20:52

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

Generated On: 11 Aug 2021 22:35:15

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '10 Aug 2020 12:00'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '11 Aug 2020 11:59'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
Data entry locked.	System	08 Aug 2020 18:41:51
User entered 'Day 4'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15
Please record - PAIN AT INJECTION SITE.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-12T08:22:51', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '1a71984d-8244-4417-8957-755032ff5220'	System	12 Aug 2020 12:23:12
User entered 'None (1)'	System	12 Aug 2020 12:23:12

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

Generated On: 11 Aug 2021 22:35:15

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-12T08:22:54', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '1a71984d-8244-4417-8957-755032ff5220'	System	12 Aug 2020 12:23:12
User entered 'No (N)'	System	12 Aug 2020 12:23:12

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

Generated On: 11 Aug 2021 22:35:15

Is there any SWELLING/HARDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-12T08:22:56', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '1a71984d-8244-4417-8957-755032ff5220'	System	12 Aug 2020 12:23:12
User entered 'No (N)'	System	12 Aug 2020 12:23:12

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

Generated On: 11 Aug 2021 22:35:15

Please record - UNDERARM GLAND SWELLING OR TENDERNESS.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-12T08:23:06', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '1a71984d-8244-4417-8957-755032ff5220'	System	12 Aug 2020 12:23:12
User entered 'None (1)'	System	12 Aug 2020 12:23:12

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

Generated On: 11 Aug 2021 22:35:15

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-12T08:23:09', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '1a71984d-8244-4417-8957-755032ff5220'	System	12 Aug 2020 12:23:12
User entered '12 Aug 2020 08:23'	System	12 Aug 2020 12:23:12

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

Generated On: 11 Aug 2021 22:35:15

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '11 Aug 2020 12:00'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '12 Aug 2020 11:59'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
Data entry locked. User entered 'Day 5'	System System	08 Aug 2020 18:41:51 08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15
Please record - PAIN AT INJECTION SITE.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-13T08:14:41', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'df546d4f-f8d3-4893-b5c3-078975ea43f7'	System	13 Aug 2020 12:15:04
User entered 'None (1)'	System	13 Aug 2020 12:15:04

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

Generated On: 11 Aug 2021 22:35:15

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-13T08:14:44', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'df546d4f-f8d3-4893-b5c3-078975ea43f7'	System	13 Aug 2020 12:15:04
User entered 'No (N)'	System	13 Aug 2020 12:15:04

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

Generated On: 11 Aug 2021 22:35:15

Is there any SWELLING/HARDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-13T08:14:47', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'df546d4f-f8d3-4893-b5c3-078975ea43f7'	System	13 Aug 2020 12:15:04
User entered 'No (N)'	System	13 Aug 2020 12:15:04

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

Generated On: 11 Aug 2021 22:35:15

Please record - UNDERARM GLAND SWELLING OR TENDERNESS.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-13T08:14:58', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'df546d4f-f8d3-4893-b5c3-078975ea43f7'	System	13 Aug 2020 12:15:04
User entered 'None (1)'	System	13 Aug 2020 12:15:04

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

Generated On: 11 Aug 2021 22:35:15

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-13T08:15:00', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'df546d4f-f8d3-4893-b5c3-078975ea43f7'	System	13 Aug 2020 12:15:04
User entered '13 Aug 2020 08:15'	System	13 Aug 2020 12:15:04

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

Generated On: 11 Aug 2021 22:35:15

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '12 Aug 2020 12:00'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '13 Aug 2020 11:59'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
Data entry locked.	System	08 Aug 2020 18:41:51
User entered 'Day 6'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15
Please record - PAIN AT INJECTION SITE.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',	System	13 Aug 2020 22:20:20
Time: '2020-08-13T18:19:50', User OID: 'PatientReportedOutcome (US3402300)', ODM File		
OID: '30f41b7f-bdf7-429d-91c6-011395200902' User entered 'None (1)'	System	13 Aug 2020 22:20:20

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

Generated On: 11 Aug 2021 22:35:15

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-13T18:20:02', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '30f41b7f-bdf7-429d-91c6-011395200902'	System	13 Aug 2020 22:20:20
User entered 'No (N)'	System	13 Aug 2020 22:20:20

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

Generated On: 11 Aug 2021 22:35:15

Is there any SWELLING/HARDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-13T18:20:06', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '30f41b7f-bdf7-429d-91c6-011395200902'	System	13 Aug 2020 22:20:20
User entered 'No (N)'	System	13 Aug 2020 22:20:20

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

Generated On: 11 Aug 2021 22:35:15

Please record - UNDERARM GLAND SWELLING OR TENDERNESS.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-13T18:20:13', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '30f41b7f-bdf7-429d-91c6-011395200902'	System	13 Aug 2020 22:20:20
User entered 'None (1)'	System	13 Aug 2020 22:20:20

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

Generated On: 11 Aug 2021 22:35:15

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-13T18:20:17', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '30f41b7f-bdf7-429d-91c6-011395200902'	System	13 Aug 2020 22:20:20
User entered '13 Aug 2020 18:20'	System	13 Aug 2020 22:20:20

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

Generated On: 11 Aug 2021 22:35:15

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '13 Aug 2020 12:00'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '14 Aug 2020 11:59'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
Data entry locked. User entered 'Day 7'	System System	08 Aug 2020 18:41:51 08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15
Please record - PAIN AT INJECTION SITE.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-15T07:59:42', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '0dd78119-abcd-458c-8e9a-1a15ce0ccca5'	System	15 Aug 2020 11:59:53
User entered 'None (1)'	System	15 Aug 2020 11:59:53

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

Generated On: 11 Aug 2021 22:35:15

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-15T07:59:44', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '0dd78119-abcd-458c-8e9a-1a15ce0ccca5'	System	15 Aug 2020 11:59:53
User entered 'No (N)'	System	15 Aug 2020 11:59:53

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

Generated On: 11 Aug 2021 22:35:15

Is there any SWELLING/HARDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-15T07:59:46', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '0dd78119-abcd-458c-8e9a-1a15ce0ccca5'	System	15 Aug 2020 11:59:53
User entered 'No (N)'	System	15 Aug 2020 11:59:53

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

Generated On: 11 Aug 2021 22:35:15

Please record - UNDERARM GLAND SWELLING OR TENDERNESS.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-15T07:59:48', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '0dd78119-abcd-458c-8e9a-1a15ce0ccca5'	System	15 Aug 2020 11:59:53
User entered 'None (1)'	System	15 Aug 2020 11:59:53

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

Generated On: 11 Aug 2021 22:35:15

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-15T07:59:51', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '0dd78119-abcd-458c-8e9a-1a15ce0ccca5'	System	15 Aug 2020 11:59:53
User entered '15 Aug 2020 07:59'	System	15 Aug 2020 11:59:53

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

Generated On: 11 Aug 2021 22:35:15

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '14 Aug 2020 12:00'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '15 Aug 2020 11:59'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
Data entry locked.	System	08 Aug 2020 18:41:51
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

HEADACHE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-08T14:56:27', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'c0499613-24ec-494a-b654-ce1f7e6b3baa'	System	08 Aug 2020 18:57:01
User entered 'None (0)'	System	08 Aug 2020 18:57:01

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

Generated On: 11 Aug 2021 22:35:15

FATIGUE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-08T14:56:30', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'c0499613-24ec-494a-b654-ce1f7e6b3baa'	System	08 Aug 2020 18:57:01
User entered 'None (0)'	System	08 Aug 2020 18:57:01

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

Generated On: 11 Aug 2021 22:35:15 MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-08T14:56:33', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'c0499613-24ec-494a-b654-ce1f7e6b3baa'	System	08 Aug 2020 18:57:01
User entered 'None (0)'	System	08 Aug 2020 18:57:01

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

Generated On: 11 Aug 2021 22:35:15
JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-08T14:56:37', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'c0499613-24ec-494a-b654-ce1f7e6b3baa'	System	08 Aug 2020 18:57:01
User entered 'None (0)'	System	08 Aug 2020 18:57:01

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

Generated On: 11 Aug 2021 22:35:15

NAUSEA/VOMITING

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-08T14:56:42', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'c0499613-24ec-494a-b654-ce1f7e6b3baa'	System	08 Aug 2020 18:57:01
User entered 'None (0)'	System	08 Aug 2020 18:57:01

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

Generated On: 11 Aug 2021 22:35:15

CHILLS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-08T14:56:45', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'c0499613-24ec-494a-b654-ce1f7e6b3baa'	System	08 Aug 2020 18:57:01
User entered 'None (0)'	System	08 Aug 2020 18:57:01

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

Generated On: 11 Aug 2021 22:35:15

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)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-08T14:56:51', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'c0499613-24ec-494a-b654-ce1f7e6b3baa'	System	08 Aug 2020 18:57:01
User entered 'No (N)'	System	08 Aug 2020 18:57:01

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

Generated On: 11 Aug 2021 22:35:15

PC Time stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-08T14:56:59', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'c0499613-24ec-494a-b654-ce1f7e6b3baa'	System	08 Aug 2020 18:57:01
User entered '08 Aug 2020 14:56'	System	08 Aug 2020 18:57:01

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

Generated On: 11 Aug 2021 22:35:15

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '08 Aug 2020 14:43'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '08 Aug 2020 17:13'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Time (GMT)
0) (4), (b) (6) 05 Mar 2021 04:22:15
08 Aug 2020 18:41:51 08 Aug 2020 18:41:51
ם

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

Generated On: 11 Aug 2021 22:35:15

HEADACHE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-08T22:48:36', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '16b8a0cd-2907-4c25-b2d9-b234b305ef10'	System	09 Aug 2020 02:48:59
User entered 'None (0)'	System	09 Aug 2020 02:48:59

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

Generated On: 11 Aug 2021 22:35:15

FATIGUE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-08T22:48:39', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '16b8a0cd-2907-4c25-b2d9-b234b305ef10'	System	09 Aug 2020 02:48:59
User entered 'None (0)'	System	09 Aug 2020 02:48:59

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

Generated On: 11 Aug 2021 22:35:15 MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-08T22:48:43', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '16b8a0cd-2907-4c25-b2d9-b234b305ef10'	System	09 Aug 2020 02:48:59
User entered 'None (0)'	System	09 Aug 2020 02:48:59

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

Generated On: 11 Aug 2021 22:35:15
JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-08T22:48:48', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '16b8a0cd-2907-4c25-b2d9-b234b305ef10'	System	09 Aug 2020 02:48:59
User entered 'None (0)'	System	09 Aug 2020 02:48:59

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

Generated On: 11 Aug 2021 22:35:15

NAUSEA/VOMITING

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-08T22:48:50', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '16b8a0cd-2907-4c25-b2d9-b234b305ef10'	System	09 Aug 2020 02:48:59
User entered 'None (0)'	System	09 Aug 2020 02:48:59

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

Generated On: 11 Aug 2021 22:35:15

CHILLS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-08T22:48:53', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '16b8a0cd-2907-4c25-b2d9-b234b305ef10'	System	09 Aug 2020 02:48:59
User entered 'None (0)'	System	09 Aug 2020 02:48:59

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

Generated On: 11 Aug 2021 22:35:15

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)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-08T22:48:56', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '16b8a0cd-2907-4c25-b2d9-b234b305ef10'	System	09 Aug 2020 02:48:59
User entered 'No (N)'	System	09 Aug 2020 02:48:59

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

Generated On: 11 Aug 2021 22:35:15

PC Time stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-08T22:48:58', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '16b8a0cd-2907-4c25-b2d9-b234b305ef10'	System	09 Aug 2020 02:48:59
User entered '08 Aug 2020 22:48'	System	09 Aug 2020 02:48:59

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

Generated On: 11 Aug 2021 22:35:15

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '08 Aug 2020 18:08'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '09 Aug 2020 11:59'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
Data entry locked. User entered 'Day 2'	System System	08 Aug 2020 18:41:51 08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

HEADACHE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-09T20:07:24', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'd4931767-aeb1-49f2-80c2-1492d28ad60a'	System	10 Aug 2020 00:08:16
User entered 'None (0)'	System	10 Aug 2020 00:08:16

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

Generated On: 11 Aug 2021 22:35:15

FATIGUE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-09T20:07:46', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'd4931767-aeb1-49f2-80c2-1492d28ad60a'	System	10 Aug 2020 00:08:16
User entered 'None (0)'	System	10 Aug 2020 00:08:16

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

Generated On: 11 Aug 2021 22:35:15 MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-09T20:07:51', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'd4931767-aeb1-49f2-80c2-1492d28ad60a'	System	10 Aug 2020 00:08:16
User entered 'None (0)'	System	10 Aug 2020 00:08:16

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

Generated On: 11 Aug 2021 22:35:15
JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-09T20:07:54', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'd4931767-aeb1-49f2-80c2-1492d28ad60a'	System	10 Aug 2020 00:08:16
User entered 'None (0)'	System	10 Aug 2020 00:08:16

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

Generated On: 11 Aug 2021 22:35:15

NAUSEA/VOMITING

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-09T20:07:57', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'd4931767-aeb1-49f2-80c2-1492d28ad60a'	System	10 Aug 2020 00:08:16
User entered 'None (0)'	System	10 Aug 2020 00:08:16

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

Generated On: 11 Aug 2021 22:35:15

CHILLS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-09T20:08:00', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'd4931767-aeb1-49f2-80c2-1492d28ad60a'	System	10 Aug 2020 00:08:16
User entered 'None (0)'	System	10 Aug 2020 00:08:16

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

Generated On: 11 Aug 2021 22:35:15

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)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-09T20:08:05', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'd4931767-aeb1-49f2-80c2-1492d28ad60a'	System	10 Aug 2020 00:08:16
User entered 'No (N)'	System	10 Aug 2020 00:08:16

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

Generated On: 11 Aug 2021 22:35:15

PC Time stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-09T20:08:15', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'd4931767-aeb1-49f2-80c2-1492d28ad60a'	System	10 Aug 2020 00:08:16
User entered '09 Aug 2020 20:08'	System	10 Aug 2020 00:08:16

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

Generated On: 11 Aug 2021 22:35:15

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '09 Aug 2020 12:00'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '10 Aug 2020 11:59'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
Data entry locked. User entered 'Day 3'	System System	08 Aug 2020 18:41:51 08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

HEADACHE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-11T10:20:52', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'f4119ec0-b54b-49e7-bf0c-ffe145a8fff3'	System	11 Aug 2020 14:21:15
User entered 'None (0)'	System	11 Aug 2020 14:21:15

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

Generated On: 11 Aug 2021 22:35:15

FATIGUE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-11T10:20:54', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'f4119ec0-b54b-49e7-bf0c-ffe145a8fff3'	System	11 Aug 2020 14:21:15
User entered 'None (0)'	System	11 Aug 2020 14:21:15

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

Generated On: 11 Aug 2021 22:35:15 MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-11T10:21:00', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'f4119ec0-b54b-49e7-bf0c-ffe145a8fff3'	System	11 Aug 2020 14:21:15
User entered 'None (0)'	System	11 Aug 2020 14:21:15

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

Generated On: 11 Aug 2021 22:35:15
JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-11T10:21:02', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'f4119ec0-b54b-49e7-bf0c-ffe145a8fff3'	System	11 Aug 2020 14:21:15
User entered 'None (0)'	System	11 Aug 2020 14:21:15

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

Generated On: 11 Aug 2021 22:35:15

NAUSEA/VOMITING

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-11T10:21:04', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'f4119ec0-b54b-49e7-bf0c-ffe145a8fff3'	System	11 Aug 2020 14:21:15
User entered 'None (0)'	System	11 Aug 2020 14:21:15

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

Generated On: 11 Aug 2021 22:35:15

CHILLS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-11T10:21:06', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'f4119ec0-b54b-49e7-bf0c-ffe145a8fff3'	System	11 Aug 2020 14:21:15
User entered 'None (0)'	System	11 Aug 2020 14:21:15

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

Generated On: 11 Aug 2021 22:35:15

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)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-11T10:21:11', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'f4119ec0-b54b-49e7-bf0c-ffe145a8fff3'	System	11 Aug 2020 14:21:15
User entered 'No (N)'	System	11 Aug 2020 14:21:15

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

Generated On: 11 Aug 2021 22:35:15

PC Time stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-11T10:21:13', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'f4119ec0-b54b-49e7-bf0c-ffe145a8fff3'	System	11 Aug 2020 14:21:15
User entered '11 Aug 2020 10:21'	System	11 Aug 2020 14:21:15

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

Generated On: 11 Aug 2021 22:35:15

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '10 Aug 2020 12:00'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '11 Aug 2020 11:59'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
Data entry locked. User entered 'Day 4'	System System	08 Aug 2020 18:41:51 08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

HEADACHE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-12T08:23:14', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '6c312d56-f268-475f-97a3-2ea0fdc47d50'	System	12 Aug 2020 12:23:33
User entered 'None (0)'	System	12 Aug 2020 12:23:33

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

Generated On: 11 Aug 2021 22:35:15

FATIGUE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-12T08:23:16', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '6c312d56-f268-475f-97a3-2ea0fdc47d50'	System	12 Aug 2020 12:23:33
User entered 'None (0)'	System	12 Aug 2020 12:23:33

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

Generated On: 11 Aug 2021 22:35:15 MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-12T08:23:18', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '6c312d56-f268-475f-97a3-2ea0fdc47d50'	System	12 Aug 2020 12:23:33
User entered 'None (0)'	System	12 Aug 2020 12:23:33

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

Generated On: 11 Aug 2021 22:35:15
JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-12T08:23:20', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '6c312d56-f268-475f-97a3-2ea0fdc47d50'	System	12 Aug 2020 12:23:33
User entered 'None (0)'	System	12 Aug 2020 12:23:33

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

Generated On: 11 Aug 2021 22:35:15

NAUSEA/VOMITING

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-12T08:23:23', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '6c312d56-f268-475f-97a3-2ea0fdc47d50'	System	12 Aug 2020 12:23:33
User entered 'None (0)'	System	12 Aug 2020 12:23:33

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

Generated On: 11 Aug 2021 22:35:15

CHILLS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-12T08:23:25', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '6c312d56-f268-475f-97a3-2ea0fdc47d50'	System	12 Aug 2020 12:23:33
User entered 'None (0)'	System	12 Aug 2020 12:23:33

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

Generated On: 11 Aug 2021 22:35:15

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)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-12T08:23:27', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '6c312d56-f268-475f-97a3-2ea0fdc47d50'	System	12 Aug 2020 12:23:33
User entered 'No (N)'	System	12 Aug 2020 12:23:33

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

Generated On: 11 Aug 2021 22:35:15

PC Time stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-12T08:23:30', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '6c312d56-f268-475f-97a3-2ea0fdc47d50'	System	12 Aug 2020 12:23:33
User entered '12 Aug 2020 08:23'	System	12 Aug 2020 12:23:33

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

Generated On: 11 Aug 2021 22:35:15

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '11 Aug 2020 12:00'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '12 Aug 2020 11:59'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
Data entry locked. User entered 'Day 5'	System System	08 Aug 2020 18:41:51 08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

HEADACHE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-13T08:15:05', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'cf133a4c-21bb-4e1f-aeb8-99be0b8a52aa'	System	13 Aug 2020 12:15:35
User entered 'None (0)'	System	13 Aug 2020 12:15:35

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

Generated On: 11 Aug 2021 22:35:15

FATIGUE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-13T08:15:07', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'cf133a4c-21bb-4e1f-aeb8-99be0b8a52aa'	System	13 Aug 2020 12:15:35
User entered 'None (0)'	System	13 Aug 2020 12:15:35

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

Generated On: 11 Aug 2021 22:35:15 MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-13T08:15:10', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'cf133a4c-21bb-4e1f-aeb8-99be0b8a52aa'	System	13 Aug 2020 12:15:35
User entered 'None (0)'	System	13 Aug 2020 12:15:35

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

Generated On: 11 Aug 2021 22:35:15
JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-13T08:15:12', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'cf133a4c-21bb-4e1f-aeb8-99be0b8a52aa'	System	13 Aug 2020 12:15:35
User entered 'None (0)'	System	13 Aug 2020 12:15:35

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

Generated On: 11 Aug 2021 22:35:15

NAUSEA/VOMITING

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-13T08:15:15', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'cf133a4c-21bb-4e1f-aeb8-99be0b8a52aa'	System	13 Aug 2020 12:15:35
User entered 'None (0)'	System	13 Aug 2020 12:15:35

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

Generated On: 11 Aug 2021 22:35:15

CHILLS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not	System	13 Aug 2020 12:15:35
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2020-08-13T08:15:17', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'cf133a4c-21bb-4e1f-aeb8-99be0b8a52aa'		
User entered 'None (0)'	System	13 Aug 2020 12:15:35

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

Generated On: 11 Aug 2021 22:35:15

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)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-13T08:15:30', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'cf133a4c-21bb-4e1f-aeb8-99be0b8a52aa'	System	13 Aug 2020 12:15:35
User entered 'No (N)'	System	13 Aug 2020 12:15:35

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

Generated On: 11 Aug 2021 22:35:15

PC Time stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-13T08:15:32', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: 'cf133a4c-21bb-4e1f-aeb8-99be0b8a52aa'	System	13 Aug 2020 12:15:35
User entered '13 Aug 2020 08:15'	System	13 Aug 2020 12:15:35

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

Generated On: 11 Aug 2021 22:35:15

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '12 Aug 2020 12:00'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '13 Aug 2020 11:59'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
Data entry locked. User entered 'Day 6'	System System	08 Aug 2020 18:41:51 08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

HEADACHE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-13T18:20:21', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '39e86dd8-4038-4d5e-b685-f5d94e81169e'	System	13 Aug 2020 22:21:08
User entered 'None (0)'	System	13 Aug 2020 22:21:08

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

Generated On: 11 Aug 2021 22:35:15

FATIGUE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-13T18:20:25', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '39e86dd8-4038-4d5e-b685-f5d94e81169e'	System	13 Aug 2020 22:21:08
User entered 'None (0)'	System	13 Aug 2020 22:21:08

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

Generated On: 11 Aug 2021 22:35:15 MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-13T18:20:27', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '39e86dd8-4038-4d5e-b685-f5d94e81169e'	System	13 Aug 2020 22:21:08
User entered 'None (0)'	System	13 Aug 2020 22:21:08

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

Generated On: 11 Aug 2021 22:35:15
JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-13T18:20:31', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '39e86dd8-4038-4d5e-b685-f5d94e81169e'	System	13 Aug 2020 22:21:08
User entered 'None (0)'	System	13 Aug 2020 22:21:08

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

Generated On: 11 Aug 2021 22:35:15

NAUSEA/VOMITING

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-13T18:20:36', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '39e86dd8-4038-4d5e-b685-f5d94e81169e'	System	13 Aug 2020 22:21:08
User entered 'None (0)'	System	13 Aug 2020 22:21:08

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

Generated On: 11 Aug 2021 22:35:15

CHILLS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-13T18:20:38', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '39e86dd8-4038-4d5e-b685-f5d94e81169e'	System	13 Aug 2020 22:21:08
User entered 'None (0)'	System	13 Aug 2020 22:21:08

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

Generated On: 11 Aug 2021 22:35:15

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)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-13T18:20:47', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '39e86dd8-4038-4d5e-b685-f5d94e81169e'	System	13 Aug 2020 22:21:08
User entered 'Yes (Y)'	System	13 Aug 2020 22:21:08

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

Generated On: 11 Aug 2021 22:35:15

PC Time stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-13T18:21:02', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '39e86dd8-4038-4d5e-b685-f5d94e81169e'	System	13 Aug 2020 22:21:08
User entered '13 Aug 2020 18:21'	System	13 Aug 2020 22:21:08

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

Generated On: 11 Aug 2021 22:35:15

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '13 Aug 2020 12:00'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '14 Aug 2020 11:59'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
Data entry locked. User entered 'Day 7'	System System	08 Aug 2020 18:41:51 08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

HEADACHE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-15T07:59:54', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '27362313-3412-4114-924d-ba71bf0a9ab9'	System	15 Aug 2020 12:00:19
User entered 'None (0)'	System	15 Aug 2020 12:00:19

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

Generated On: 11 Aug 2021 22:35:15

FATIGUE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-15T07:59:56', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '27362313-3412-4114-924d-ba71bf0a9ab9'	System	15 Aug 2020 12:00:19
User entered 'None (0)'	System	15 Aug 2020 12:00:19

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

Generated On: 11 Aug 2021 22:35:15 MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-15T07:59:58', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '27362313-3412-4114-924d-ba71bf0a9ab9'	System	15 Aug 2020 12:00:19
User entered 'None (0)'	System	15 Aug 2020 12:00:19

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

Generated On: 11 Aug 2021 22:35:15
JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-15T08:00:00', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '27362313-3412-4114-924d-ba71bf0a9ab9'	System	15 Aug 2020 12:00:19
User entered 'None (0)'	System	15 Aug 2020 12:00:19

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

Generated On: 11 Aug 2021 22:35:15

NAUSEA/VOMITING

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-15T08:00:02', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '27362313-3412-4114-924d-ba71bf0a9ab9'	System	15 Aug 2020 12:00:19
User entered 'None (0)'	System	15 Aug 2020 12:00:19

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

Generated On: 11 Aug 2021 22:35:15

CHILLS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice	System	15 Aug 2020 12:00:19
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2020-08-15T08:00:03', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '27362313-3412-4114-924d-ba71bf0a9ab9'		
User entered 'None (0)'	System	15 Aug 2020 12:00:19

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

Generated On: 11 Aug 2021 22:35:15

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)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-15T08:00:13', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '27362313-3412-4114-924d-ba71bf0a9ab9'	System	15 Aug 2020 12:00:19
User entered 'No (N)'	System	15 Aug 2020 12:00:19

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

Generated On: 11 Aug 2021 22:35:15

PC Time stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-08-15T08:00:15', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '27362313-3412-4114-924d-ba71bf0a9ab9'	System	15 Aug 2020 12:00:19
User entered '15 Aug 2020 08:00'	System	15 Aug 2020 12:00:19

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

Generated On: 11 Aug 2021 22:35:15

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '14 Aug 2020 12:00'	System	08 Aug 2020 18:41:51

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

Generated On: 11 Aug 2021 22:35:15

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
User entered '15 Aug 2020 11:59'	System	08 Aug 2020 18:41:51

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 10:03:11
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	(b) (4), (b) (6)	16 Aug 2020 16:10:52

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 10:03:11
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '15 Aug 2020'	(b) (4), (b) (6)	16 Aug 2020 16:10:52

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 10:03:11
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	16 Aug 2020 16:10:52

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Comments

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 10:03:11
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	(b) (4), (b) (6)	16 Aug 2020 16:10:52

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:15
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 10:03:11
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	(b) (4), (b) (6)	16 Aug 2020 16:11:04

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:15

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 10:03:11
User entered '1'	System	16 Aug 2020 16:11:04

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 10:03:11
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	02 Sep 2020 11:02:37

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 10:03:11
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '22 Aug 2020'	Traci Hull (b) (4) (b) (4)	02 Sep 2020 11:02:37

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 10:03:11
User signature succeeded.	Frank Eder (b) (4)	15 Feb 2021 17:50:20
User entered 'Contact Made (CONTACT MADE)'	(b) (4) Traci Hull (b) (4) (b) (4)	02 Sep 2020 11:02:37

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Comments

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 10:03:11
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Traci Hull (b) (4) (b) (4)	02 Sep 2020 11:02:37

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:15
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 10:03:11
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	02 Sep 2020 11:02:42

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:15

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 10:03:11
User entered '1'	System	02 Sep 2020 11:02:42

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 14:41:47
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	02 Sep 2020 11:03:03

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 14:41:47
User signature succeeded.	Frank Eder (b) (4)	15 Feb 2021 17:50:20
User entered '29 Aug 2020'	(b) (4) Traci Hull (b) (4) (b) (4)	02 Sep 2020 11:03:03

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 14:41:47
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Contact Made (CONTACT MADE)'	Traci Hull (b) (4) (b) (4)	02 Sep 2020 11:03:03

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Comments

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 14:41:47
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Traci Hull (b) (4) (b) (4)	02 Sep 2020 11:03:03

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:15
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 14:41:47
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	02 Sep 2020 11:03:07

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:15

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 14:41:47
User entered '1'	System	02 Sep 2020 11:03:07

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 11 Aug 2021 22:35:15

Was this visit performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:20:14

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 11 Aug 2021 22:35:15

Visit date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '9 Sep 2020'	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:20:14

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 11 Aug 2021 22:35:15

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 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Clinic (Clinic)'	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:20:14

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 11 Aug 2021 22:35:15

Folder OID

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User entered 'VISIT2'	System	09 Sep 2020 17:20:14

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

Generated On: 11 Aug 2021 22:35:15

Timepoint

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User accepted default value 'Pre-Dose (PREDOSE)'	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:21:19

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

Generated On: 11 Aug 2021 22:35:15

Were vital signs assessed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:21:19

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

Generated On: 11 Aug 2021 22:35:15 Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '9 Sep 2020'	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:21:19

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

Generated On: 11 Aug 2021 22:35:15

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '09:13'	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:21:19

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

Generated On: 11 Aug 2021 22:35:15 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User entered '9 Sep 2020 09:13'	System	09 Sep 2020 17:21:19

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

Generated On: 11 Aug 2021 22:35:15

Temperature (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '97.8' F	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:21:19

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

Generated On: 11 Aug 2021 22:35:15

Route of measurement

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Oral (Oral)'	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:21:19

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

Generated On: 11 Aug 2021 22:35:15

If Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:21:19

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

Generated On: 11 Aug 2021 22:35:15

Pulse (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '74'	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:21:19

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

Generated On: 11 Aug 2021 22:35:15

Pulse units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User entered 'bpm'	System	09 Sep 2020 17:21:19

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

Generated On: 11 Aug 2021 22:35:15

Respiratory Rate (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4)	15 Feb 2021 17:50:20
User entered '14'	(b) (4) Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:21:19

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

Generated On: 11 Aug 2021 22:35:15

Respiratory Rate units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User entered 'breaths/min'	System	09 Sep 2020 17:21:19

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

Generated On: 11 Aug 2021 22:35:15

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '113'	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:21:19

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

Generated On: 11 Aug 2021 22:35:15

Systolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User entered 'mmHg'	System	09 Sep 2020 17:21:19

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

Generated On: 11 Aug 2021 22:35:15

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '75'	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:21:19

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

Generated On: 11 Aug 2021 22:35:15

Diastolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User entered 'mmHg'	System	09 Sep 2020 17:21:19

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

Generated On: 11 Aug 2021 22:35:15

Timepoint

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User accepted default value 'Post-Dose (POSTDOSE)'	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:21:19

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

Generated On: 11 Aug 2021 22:35:15

Were vital signs assessed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'No (N)'	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:21:19

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

Generated On: 11 Aug 2021 22:35:15 Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:21:19

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

Generated On: 11 Aug 2021 22:35:15

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:21:19

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

Generated On: 11 Aug 2021 22:35:15 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User entered empty.	System	09 Sep 2020 17:21:19

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

Generated On: 11 Aug 2021 22:35:15

Temperature (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:21:19

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

Generated On: 11 Aug 2021 22:35:15

Route of measurement

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:21:19

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

Generated On: 11 Aug 2021 22:35:15

If Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:21:19

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

Generated On: 11 Aug 2021 22:35:15

Pulse (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:21:19

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

Generated On: 11 Aug 2021 22:35:15

Pulse units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User entered empty.	System	09 Sep 2020 17:21:19

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

Generated On: 11 Aug 2021 22:35:15

Respiratory Rate (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:21:19

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

Generated On: 11 Aug 2021 22:35:15

Respiratory Rate units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User entered empty.	System	09 Sep 2020 17:21:19

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

Generated On: 11 Aug 2021 22:35:15

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:21:19

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

Generated On: 11 Aug 2021 22:35:15

Systolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User entered empty.	System	09 Sep 2020 17:21:19

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

Generated On: 11 Aug 2021 22:35:15

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:21:19

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

Generated On: 11 Aug 2021 22:35:15

Diastolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User entered empty.	System	09 Sep 2020 17:21:19

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

Generated On: 11 Aug 2021 22:35:15 Was the physical examination performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:21:50

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

Generated On: 11 Aug 2021 22:35:15 Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '9 Sep 2020'	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:21:50

Folder: Visit 2 Day 29 (1) Form: Pregnancy Test

Generated On: 11 Aug 2021 22:35:15 Was the pregnancy test performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:22:17

Folder: Visit 2 Day 29 (1) Form: Pregnancy Test

Generated On: 11 Aug 2021 22:35:15

Date of test (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '9 Sep 2020'	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:22:17

Folder: Visit 2 Day 29 (1) Form: Pregnancy Test

Generated On: 11 Aug 2021 22:35:15

Test performed

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Urine (URINE)'	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:22:17

Folder: Visit 2 Day 29 (1) Form: Pregnancy Test

Generated On: 11 Aug 2021 22:35:15

Result

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Negative (NEGATIVE)'	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:22:17

Folder: Visit 2 Day 29 (1) Form: Pregnancy Test

Generated On: 11 Aug 2021 22:35:15

Was FSH sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User closed query 'Per CDM, please provide response to current question, otherwise clarify.' (Site from		21 Oct 2020 05:06:55
DM).		
Query 'Per CDM, please provide response to current question, otherwise clarify.' answered with 'DATA UPDATED' (Site from DM).	Tammy Kohn (b) (4) (b) (4)	12 Oct 2020 11:27:01
User entered 'No (N)' reason for change: Data Entry Error	Tammy Kohn (b) (4) (b) (4)	12 Oct 2020 11:26:58
User opened query 'Per CDM, please provide response to current question, otherwise clarify.' (Site from DM).	(b) (4), (b) (6)	10 Oct 2020 10:38:00
User entered empty.	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:22:17

Folder: Visit 2 Day 29 (1) Form: Pregnancy Test

Generated On: 11 Aug 2021 22:35:15

Collection date

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:22:17

Folder: Visit 2 Day 29 (1) Form: Pregnancy Test

Generated On: 11 Aug 2021 22:35:15

Collection time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:22:17

Folder: Visit 2 Day 29 (1) Form: Pregnancy Test

Generated On: 11 Aug 2021 22:35:15 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User entered empty.	System	09 Sep 2020 17:22:17

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 22:35:15

Was study treatment given?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'No (N)'	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:25:35

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 22:35:15

If No, reason not given

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Participant declined due to Adverse Event (ADVERSE EVENT)'	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:25:35

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 22:35:15

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 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Herpes simplex'	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:25:35

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 22:35:15

What was the study treatment?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User entered empty.	System	09 Sep 2020 17:25:35

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 22:35:15 What was the treatment date? (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:25:35

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 22:35:15 What was the treatment time? (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:25:35

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 22:35:15 Treatment Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User entered empty.	System	09 Sep 2020 17:25:35

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 22:35:15 Which arm was used to give treatment?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:25:35

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 22:35:15

What was the frequency of the study treatment dosing?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User entered empty.	System	09 Sep 2020 17:25:35

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 22:35:15

What was the route of administration for the study treatment?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User entered empty.	System	09 Sep 2020 17:25:35

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:15

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:25:58

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:15

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '9 Sep 2020'	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:25:58

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:15

Collection time (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '09:33'	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:25:58

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:15 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User entered '9 Sep 2020 09:33'	System	09 Sep 2020 17:25:58

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 11 Aug 2021 22:35:15

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '9 Sep 2020'	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:26:14

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 11 Aug 2021 22:35:15

Lab Test

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User accepted default value 'Nasopharyngeal Swab 1 (NASAL1)'	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:26:14

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 11 Aug 2021 22:35:15

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:26:14

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 11 Aug 2021 22:35:15

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '09:31'	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:26:14

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 11 Aug 2021 22:35:15 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User entered '9 Sep 2020 09:31'	System	09 Sep 2020 17:26:14

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 11 Aug 2021 22:35:15

Lab Test

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User accepted default value 'Nasopharyngeal Swab 2 (NASAL2)'	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:26:14

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 11 Aug 2021 22:35:15

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'No (N)'	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:26:14

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 11 Aug 2021 22:35:15

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:26:14

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 11 Aug 2021 22:35:15 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User entered empty.	System	09 Sep 2020 17:26:14

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:15
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	Tammy Kohn (b) (4) (b) (4)	09 Sep 2020 17:26:48

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:15

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User entered '1'	System	09 Sep 2020 17:26:48

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	17 Sep 2020 12:16:47

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '17 Sep 2020'	Traci Hull (b) (4) (b) (4)	17 Sep 2020 12:16:47

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4)	15 Feb 2021 17:50:20
User entered 'Contact Made (CONTACT MADE)'	(b) (4) Traci Hull (b) (4) (b) (4)	17 Sep 2020 12:16:47

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Comments

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4)	15 Feb 2021 17:50:20
User entered empty.	(b) (4) Traci Hull (b) (4) (b) (4)	17 Sep 2020 12:16:47

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:15
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	17 Sep 2020 12:17:45

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:15

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User entered '1'	System	17 Sep 2020 12:17:45

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	Tammy Kohn (b) (4) (b) (4)	25 Sep 2020 14:32:27

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '25 Sep 2020'	Tammy Kohn (b) (4) (b) (4)	25 Sep 2020 14:32:27

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4)	15 Feb 2021 17:50:20
User entered 'Contact Made (CONTACT MADE)'	(b) (4) Tammy Kohn (b) (4) (b) (4)	25 Sep 2020 14:32:27

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Comments

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4)	15 Feb 2021 17:50:20
User entered empty.	(b) (4) Tammy Kohn (b) (4) (b) (4)	25 Sep 2020 14:32:27

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:15
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	Tammy Kohn (b) (4) (b) (4)	25 Sep 2020 14:32:31

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:15

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User entered '1'	System	25 Sep 2020 14:32:31

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	(b) (4) Traci Hull (b) (4)	08 Oct 2020 15:29:27
	(b) (4)	

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '2 Oct 2020'	Traci Hull (b) (4) (b) (4)	08 Oct 2020 15:29:27

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4)	15 Feb 2021 17:50:20
User entered 'Contact Made (CONTACT MADE)'	(b) (4) Traci Hull (b) (4) (b) (4)	08 Oct 2020 15:29:27

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Comments

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4)	15 Feb 2021 17:50:20
User entered empty.	(b) (4) Traci Hull (b) (4) (b) (4)	08 Oct 2020 15:29:27

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:15
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	08 Oct 2020 15:29:50

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:15

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User entered '1'	System	08 Oct 2020 15:29:50

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 11 Aug 2021 22:35:15

Was this visit performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	08 Oct 2020 15:30:08

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 11 Aug 2021 22:35:15

Visit date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '8 Oct 2020'	Traci Hull (b) (4) (b) (4)	08 Oct 2020 15:30:08

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 11 Aug 2021 22:35:15

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 16:57:39
User signature succeeded.	Frank Eder (b) (4)	15 Feb 2021 17:50:20
User entered 'Clinic (Clinic)'	(b) (4) Traci Hull (b) (4) (b) (4)	08 Oct 2020 15:30:08

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 11 Aug 2021 22:35:15

Folder OID

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User entered 'VISIT3'	System	08 Oct 2020 15:30:08

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Were vital signs assessed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	08 Oct 2020 15:30:43

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15 Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '8 Oct 2020'	Traci Hull (b) (4) (b) (4)	08 Oct 2020 15:30:43

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15 Time of assessment (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '10:36'	Traci Hull (b) (4) (b) (4)	08 Oct 2020 15:30:43

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User entered '8 Oct 2020 10:36'	System	08 Oct 2020 15:30:43

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Temperature (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '36.6' C	Traci Hull (b) (4) (b) (4)	08 Oct 2020 15:30:43

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Route of measurement

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Oral (Oral)'	Traci Hull (b) (4) (b) (4)	08 Oct 2020 15:30:43

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

If Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Traci Hull (b) (4) (b) (4)	08 Oct 2020 15:30:43

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Pulse (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '78'	Traci Hull (b) (4) (b) (4)	08 Oct 2020 15:30:43

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Pulse units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User entered 'bpm'	System	08 Oct 2020 15:30:43

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Respiratory Rate (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '14'	Traci Hull (b) (4) (b) (4)	08 Oct 2020 15:30:43

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Respiratory Rate units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User entered 'breaths/min'	System	08 Oct 2020 15:30:43

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '114'	Traci Hull (b) (4) (b) (4)	08 Oct 2020 15:30:43

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Systolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User entered 'mmHg'	System	08 Oct 2020 15:30:43

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '64'	Traci Hull (b) (4) (b) (4)	08 Oct 2020 15:30:43

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Diastolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User entered 'mmHg'	System	08 Oct 2020 15:30:43

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Height (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Weight (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39

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

Generated On: 11 Aug 2021 22:35:15 Was the physical examination performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'No (N)'	Traci Hull (b) (4) (b) (4)	08 Oct 2020 15:30:49

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

Generated On: 11 Aug 2021 22:35:15 Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered empty.	Traci Hull (b) (4) (b) (4)	08 Oct 2020 15:30:49

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:15

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	08 Oct 2020 15:31:02

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:15

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '8 Oct 2020'	Traci Hull (b) (4) (b) (4)	08 Oct 2020 15:31:02

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:15

Collection time (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered '10:42'	Traci Hull (b) (4) (b) (4)	08 Oct 2020 15:31:02

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:15 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User entered '8 Oct 2020 10:42'	System	08 Oct 2020 15:31:02

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:15
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Feb 2021 17:50:20
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	08 Oct 2020 15:31:07

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:15

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User entered '1'	System	08 Oct 2020 15:31:07

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:41:17
Data entry locked.	System	08 Aug 2020 18:41:51
User entered 'Day 64'	System	08 Aug 2020 18:41:51

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

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)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Have you been exposed to someone with 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)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Please 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)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

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)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1)
Form: Safety Follow Up Diary
Generated On: 11 Aug 2021 22:35:15
Fever (Temperature ≥ 100.4°F/38°C)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Chills

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Cough

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Shortness of breath

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Difficulty breathing

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Fatigue

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Muscle aches

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Body aches

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Headache

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

New loss of taste

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

New loss of smell

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Sore throat

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Congestion

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Runny nose

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Nausea

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Vomiting

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Diarrhea

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Please 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)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

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)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Please 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)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Date and time of submission

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1)
Form: Safety Follow Up Diary
Generated On: 11 Aug 2021 22:35:15
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:41:17
Data entry locked.	System	08 Aug 2020 18:41:51
User entered '08 Oct 2020 00:01'	System	08 Aug 2020 18:41:51

Folder: Safety Follow Up Diary (1)
Form: Safety Follow Up Diary
Generated On: 11 Aug 2021 22:35:15
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:41:17
Data entry locked.	System	08 Aug 2020 18:41:51
User entered '12 Oct 2020 23:59'	System	08 Aug 2020 18:41:51

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
Data entry locked.	System	08 Aug 2020 18:41:51
User entered 'Day 71'	System	08 Aug 2020 18:41:51

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

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)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-10-16T19:39:35', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '5cef8781-387c-4990-9b74-9cad1ceb6efd'	System	16 Oct 2020 23:39:49
User entered 'No (N)'	System	16 Oct 2020 23:39:49

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Have you been exposed to someone with 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)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-10-16T19:39:38', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '5cef8781-387c-4990-9b74-9cad1ceb6efd'	System	16 Oct 2020 23:39:49
User entered 'No (N)'	System	16 Oct 2020 23:39:49

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Date and time of submission

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-10-16T19:39:45', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '5cef8781-387c-4990-9b74-9cad1ceb6efd'	System	16 Oct 2020 23:39:49
User entered '16 Oct 2020 19:39:45'	System	16 Oct 2020 23:39:49

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
Data entry locked. User entered '15 Oct 2020 00:01'	System System	08 Aug 2020 18:41:51 08 Aug 2020 18:41:51

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
Data entry locked. User entered '19 Oct 2020 23:59'	System System	08 Aug 2020 18:41:51 08 Aug 2020 18:41:51

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
Data entry locked.	System	08 Aug 2020 18:41:51
User entered 'Day 78'	System	08 Aug 2020 18:41:51

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

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)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-10-22T08:23:58', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '425f20d4-de9a-4c9a-bb20-7aaad4843df5'	System	22 Oct 2020 12:24:10
User entered 'No (N)'	System	22 Oct 2020 12:24:10

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Have you been exposed to someone with 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)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-10-22T08:24:03', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '425f20d4-de9a-4c9a-bb20-7aaad4843df5'	System	22 Oct 2020 12:24:10
User entered 'No (N)'	System	22 Oct 2020 12:24:10

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Date and time of submission

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-10-22T08:24:07', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '425f20d4-de9a-4c9a-bb20-7aaad4843df5'	System	22 Oct 2020 12:24:10
User entered '22 Oct 2020 08:24:07'	System	22 Oct 2020 12:24:10

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
Data entry locked. User entered '22 Oct 2020 00:01'	System System	08 Aug 2020 18:41:51 08 Aug 2020 18:41:51

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
Data entry locked. User entered '26 Oct 2020 23:59'	System System	08 Aug 2020 18:41:51 08 Aug 2020 18:41:51

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
Data entry locked.	System	08 Aug 2020 18:41:51
User entered 'Day 92'	System	08 Aug 2020 18:41:51

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

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)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-11-08T17:59:25', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '345f37a0-1aa8-48a8-b7c5-97c68ce7b71e'	System	08 Nov 2020 22:59:35
User entered 'No (N)'	System	08 Nov 2020 22:59:35

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Have you been exposed to someone with 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)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-11-08T17:59:29', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '345f37a0-1aa8-48a8-b7c5-97c68ce7b71e'	System	08 Nov 2020 22:59:35
User entered 'No (N)'	System	08 Nov 2020 22:59:35

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Date and time of submission

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-11-08T17:59:32', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '345f37a0-1aa8-48a8-b7c5-97c68ce7b71e'	System	08 Nov 2020 22:59:35
User entered '08 Nov 2020 17:59:32'	System	08 Nov 2020 22:59:35

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
Data entry locked. User entered '05 Nov 2020 00:01'	System System	08 Aug 2020 18:41:51 08 Aug 2020 18:41:51

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
Data entry locked. User entered '09 Nov 2020 23:59'	System System	08 Aug 2020 18:41:51 08 Aug 2020 18:41:51

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
Data entry locked. User entered 'Day 99'	System System	08 Aug 2020 18:41:51 08 Aug 2020 18:41:51

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

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)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-11-12T07:36:51', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '70b9fbbc-38a9-4e6e-8451-94c9902a56dc'	System	12 Nov 2020 12:37:02
User entered 'No (N)'	System	12 Nov 2020 12:37:02

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Have you been exposed to someone with 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)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-11-12T07:36:56', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '70b9fbbc-38a9-4e6e-8451-94c9902a56dc'	System	12 Nov 2020 12:37:02
User entered 'No (N)'	System	12 Nov 2020 12:37:02

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Date and time of submission

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2020-11-12T07:36:58', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '70b9fbbc-38a9-4e6e-8451-94c9902a56dc'	System	12 Nov 2020 12:37:02
User entered '12 Nov 2020 07:36:58'	System	12 Nov 2020 12:37:02

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
Data entry locked. User entered '12 Nov 2020 00:01'	System System	08 Aug 2020 18:41:51 08 Aug 2020 18:41:51

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 04:22:15
Data entry locked. User entered '16 Nov 2020 23:59'	System System	08 Aug 2020 18:41:51 08 Aug 2020 18:41:51

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:41:17
Data entry locked.	System	08 Aug 2020 18:41:51
User entered 'Day 106'	System	08 Aug 2020 18:41:51

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

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)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Have you been exposed to someone with 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)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Please 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)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

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)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1)
Form: Safety Follow Up Diary
Generated On: 11 Aug 2021 22:35:15
Fever (Temperature ≥ 100.4°F/38°C)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Chills

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Cough

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Shortness of breath

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Difficulty breathing

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Fatigue

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Muscle aches

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Body aches

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Headache

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

New loss of taste

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

New loss of smell

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Sore throat

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Congestion

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Runny nose

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Nausea

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Vomiting

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Diarrhea

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Please 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)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

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)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Please 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)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Date and time of submission

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:41:17

Folder: Safety Follow Up Diary (1)
Form: Safety Follow Up Diary
Generated On: 11 Aug 2021 22:35:15
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:41:17
Data entry locked.	System	08 Aug 2020 18:41:51
User entered '19 Nov 2020 00:01'	System	08 Aug 2020 18:41:51

Folder: Safety Follow Up Diary (1)
Form: Safety Follow Up Diary
Generated On: 11 Aug 2021 22:35:15
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:41:17
Data entry locked.	System	08 Aug 2020 18:41:51
User entered '23 Nov 2020 23:59'	System	08 Aug 2020 18:41:51

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 103'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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	20 Nov 2020 23:07:02
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2020-11-20T18:06:32', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '3391629a-7fe0-44a4-9f67-f7c039e1130e'		
User entered 'No (N)'	System	20 Nov 2020 23:07:02

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Have you been exposed to someone with 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	20 Nov 2020 23:07:02
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2020-11-20T18:06:52', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '3391629a-7fe0-44a4-9f67-f7c039e1130e'		
User entered 'No (N)'	System	20 Nov 2020 23:07:02

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	20 Nov 2020 23:07:02
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2020-11-20T18:06:58', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '3391629a-7fe0-44a4-9f67-f7c039e1130e'		
User entered '20 Nov 2020 18:06:58'	System	20 Nov 2020 23:07:02

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '16 Nov 2020	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '20 Nov 2020	System	19 Nov 2020 16:41:17
22.501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 110'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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 Nov 2020 19:54:40
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2020-11-23T14:53:24', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'ab12087e-7daf-467b-ae0b-6805469cb309'		
User entered 'No (N)'	System	23 Nov 2020 19:54:40

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Have you been exposed to someone with 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 Nov 2020 19:54:40
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2020-11-23T14:53:48', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'ab12087e-7daf-467b-ae0b-6805469cb309'		
User entered 'No (N)'	System	23 Nov 2020 19:54:40

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	23 Nov 2020 19:54:40
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2020-11-23T14:54:34', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'ab12087e-7daf-467b-ae0b-6805469cb309'		
User entered '23 Nov 2020 14:54:34'	System	23 Nov 2020 19:54:40

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '23 Nov 2020	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '27 Nov 2020	System	19 Nov 2020 16:41:17
22.501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 117'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '30 Nov 2020	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '04 Dec 2020	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 124'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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	09 Dec 2020 17:03:15
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2020-12-09T12:03:02', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'b47e1b30-142d-4363-987f-03667a8ffec4'		
User entered 'No (N)'	System	09 Dec 2020 17:03:15

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Have you been exposed to someone with 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	09 Dec 2020 17:03:15
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2020-12-09T12:03:08', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'b47e1b30-142d-4363-987f-03667a8ffec4'		
User entered 'No (N)'	System	09 Dec 2020 17:03:15

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	09 Dec 2020 17:03:15
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2020-12-09T12:03:11', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'b47e1b30-142d-4363-987f-03667a8ffec4'		
User entered '09 Dec 2020 12:03:11'	System	09 Dec 2020 17:03:15

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary
Generated On: 11 Aug 2021 22:35:15
Patient Cloud Open Data & Time

Patient	Cloud	Open	Date	&	lime

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '07 Dec 2020	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '11 Dec 2020	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 131'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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	14 Dec 2020 12:41:41
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2020-12-14T07:41:28', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'd81fd951-a4bb-4f0d-9872-0e3b03396e0c'		
User entered 'No (N)'	System	14 Dec 2020 12:41:41

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Have you been exposed to someone with 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	14 Dec 2020 12:41:41
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2020-12-14T07:41:34', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'd81fd951-a4bb-4f0d-9872-0e3b03396e0c'		
User entered 'No (N)'	System	14 Dec 2020 12:41:41

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	14 Dec 2020 12:41:41
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2020-12-14T07:41:38', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'd81fd951-a4bb-4f0d-9872-0e3b03396e0c'		
User entered '14 Dec 2020 07:41:38'	System	14 Dec 2020 12:41:41

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '14 Dec 2020	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '18 Dec 2020	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 138'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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 Dec 2020 11:48:33
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2020-12-21T06:48:18', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'a8d24492-4eb1-4656-9e70-03f5a70aa101'		
User entered 'No (N)'	System	21 Dec 2020 11:48:33

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Have you been exposed to someone with 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 Dec 2020 11:48:33
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2020-12-21T06:48:26', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'a8d24492-4eb1-4656-9e70-03f5a70aa101'		
User entered 'No (N)'	System	21 Dec 2020 11:48:33

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	21 Dec 2020 11:48:33
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2020-12-21T06:48:30', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'a8d24492-4eb1-4656-9e70-03f5a70aa101'		
User entered '21 Dec 2020 06:48:30'	System	21 Dec 2020 11:48:33

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '21 Dec 2020	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '25 Dec 2020	System	19 Nov 2020 16:41:17
22 701		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 145'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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	28 Dec 2020 12:57:02
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2020-12-28T07:56:53', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'ae010f79-c2cc-405d-a89d-8e638c3587b9'		
User entered 'No (N)'	System	28 Dec 2020 12:57:02

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Have you been exposed to someone with 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	28 Dec 2020 12:57:02
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2020-12-28T07:56:57', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'ae010f79-c2cc-405d-a89d-8e638c3587b9'		
User entered 'No (N)'	System	28 Dec 2020 12:57:02

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	28 Dec 2020 12:57:02
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2020-12-28T07:56:59', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'ae010f79-c2cc-405d-a89d-8e638c3587b9'		
User entered '28 Dec 2020 07:56:59'	System	28 Dec 2020 12:57:02

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '28 Dec 2020	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '01 Jan 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 152'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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 Jan 2021 13:19:19
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-01-04T08:18:18', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '1f46eb02-3975-4905-b3f9-c89a78fb61dd'		
User entered 'Yes (Y)'	System	04 Jan 2021 13:19:19

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Have you been exposed to someone with 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 Jan 2021 13:19:19
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-01-04T08:18:22', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '1f46eb02-3975-4905-b3f9-c89a78fb61dd'		
User entered 'Yes (Y)'	System	04 Jan 2021 13:19:19

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	04 Jan 2021 13:19:19
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-01-04T08:18:27', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '1f46eb02-3975-4905-b3f9-c89a78fb61dd'		
User entered 'I confirm I have read this message and	System	04 Jan 2021 13:19:19
will call the study clinic immediately (9)'	•	

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	04 Jan 2021 13:19:19
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-01-04T08:18:32', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '1f46eb02-3975-4905-b3f9-c89a78fb61dd'		
User entered 'Yes (Y)'	System	04 Jan 2021 13:19:19

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Fever (Temperature ≥ 100.4°F/38°C)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	04 Jan 2021 13:19:19
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-01-04T08:18:47', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '1f46eb02-3975-4905-b3f9-c89a78fb61dd'		
User entered '0'	System	04 Jan 2021 13:19:19

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Chills

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	04 Jan 2021 13:19:19
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-01-04T08:18:47', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '1f46eb02-3975-4905-b3f9-c89a78fb61dd'		
User entered '0'	System	04 Jan 2021 13:19:19

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Cough

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	04 Jan 2021 13:19:19
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-01-04T08:18:47', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '1f46eb02-3975-4905-b3f9-c89a78fb61dd'		
User entered '0'	System	04 Jan 2021 13:19:19

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Shortness of breath

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	04 Jan 2021 13:19:19
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-01-04T08:18:47', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '1f46eb02-3975-4905-b3f9-c89a78fb61dd'		
User entered '0'	System	04 Jan 2021 13:19:19

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Difficulty breathing

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	04 Jan 2021 13:19:19
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-01-04T08:18:47', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '1f46eb02-3975-4905-b3f9-c89a78fb61dd'		
User entered '0'	System	04 Jan 2021 13:19:19

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Fatigue

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	04 Jan 2021 13:19:19
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-01-04T08:18:47', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '1f46eb02-3975-4905-b3f9-c89a78fb61dd'		
User entered '1'	System	04 Jan 2021 13:19:19

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Muscle aches

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	04 Jan 2021 13:19:19
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-01-04T08:18:47', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '1f46eb02-3975-4905-b3f9-c89a78fb61dd'		
User entered '0'	System	04 Jan 2021 13:19:19

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Body aches

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	04 Jan 2021 13:19:19
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-01-04T08:18:47', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '1f46eb02-3975-4905-b3f9-c89a78fb61dd'		
User entered '0'	System	04 Jan 2021 13:19:19

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Headache

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	04 Jan 2021 13:19:19
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-01-04T08:18:47', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '1f46eb02-3975-4905-b3f9-c89a78fb61dd'		
User entered '1'	System	04 Jan 2021 13:19:19

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

New loss of taste

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	04 Jan 2021 13:19:19
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-01-04T08:18:47', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '1f46eb02-3975-4905-b3f9-c89a78fb61dd'		
User entered '0'	System	04 Jan 2021 13:19:19

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

New loss of smell

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	04 Jan 2021 13:19:19
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-01-04T08:18:47', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '1f46eb02-3975-4905-b3f9-c89a78fb61dd'		
User entered '0'	System	04 Jan 2021 13:19:19

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Sore throat

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	04 Jan 2021 13:19:19
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-01-04T08:18:47', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '1f46eb02-3975-4905-b3f9-c89a78fb61dd'		
User entered '0'	System	04 Jan 2021 13:19:19

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Congestion

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	04 Jan 2021 13:19:19
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-01-04T08:18:47', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '1f46eb02-3975-4905-b3f9-c89a78fb61dd'		
User entered '1'	System	04 Jan 2021 13:19:19

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Runny nose

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	04 Jan 2021 13:19:19
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-01-04T08:18:47', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '1f46eb02-3975-4905-b3f9-c89a78fb61dd'		
User entered '0'	System	04 Jan 2021 13:19:19

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Nausea

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	04 Jan 2021 13:19:19
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-01-04T08:18:47', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '1f46eb02-3975-4905-b3f9-c89a78fb61dd'		
User entered '0'	System	04 Jan 2021 13:19:19

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Vomiting

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	04 Jan 2021 13:19:19
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-01-04T08:18:47', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '1f46eb02-3975-4905-b3f9-c89a78fb61dd'		
User entered '0'	System	04 Jan 2021 13:19:19

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Diarrhea

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	04 Jan 2021 13:19:19
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-01-04T08:18:47', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '1f46eb02-3975-4905-b3f9-c89a78fb61dd'		
User entered '0'	System	04 Jan 2021 13:19:19

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	04 Jan 2021 13:19:19
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-01-04T08:18:52', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '1f46eb02-3975-4905-b3f9-c89a78fb61dd'		
User entered 'I confirm I have read this message and	System	04 Jan 2021 13:19:19
will call the study clinic immediately (9)'	-	

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	04 Jan 2021 13:19:19
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-01-04T08:18:59', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '1f46eb02-3975-4905-b3f9-c89a78fb61dd'		
User entered 'Yes (Y)'	System	04 Jan 2021 13:19:19

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	04 Jan 2021 13:19:19
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-01-04T08:19:02', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '1f46eb02-3975-4905-b3f9-c89a78fb61dd'		
User entered 'I confirm I have read this message and	System	04 Jan 2021 13:19:19
will call the study clinic immediately (9)'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	04 Jan 2021 13:19:19
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-01-04T08:19:08', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '1f46eb02-3975-4905-b3f9-c89a78fb61dd'		
User entered '04 Jan 2021 08:19:08'	System	04 Jan 2021 13:19:19

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '04 Jan 2021 00:01'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '08 Jan 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 159'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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	14 Jan 2021 22:59:51
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-01-14T17:59:43', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '6278d918-8265-41ad-8cfa-cd83ce538ee6'		
User entered 'No (N)'	System	14 Jan 2021 22:59:51

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Have you been exposed to someone with 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	14 Jan 2021 22:59:51
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-01-14T17:59:46', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '6278d918-8265-41ad-8cfa-cd83ce538ee6'		
User entered 'No (N)'	System	14 Jan 2021 22:59:51

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	14 Jan 2021 22:59:51
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-01-14T17:59:49', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '6278d918-8265-41ad-8cfa-cd83ce538ee6'		
User entered '14 Jan 2021 17:59:49'	System	14 Jan 2021 22:59:51

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '11 Jan 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '15 Jan 2021	System	19 Nov 2020 16:41:17
22, 501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 166'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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	20 Jan 2021 17:12:27
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-01-20T12:12:15', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'b90236f2-ef67-4c57-84dd-fd8cbd5ecc75'		
User entered 'No (N)'	System	20 Jan 2021 17:12:27

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Have you been exposed to someone with 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	20 Jan 2021 17:12:27
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-01-20T12:12:18', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'b90236f2-ef67-4c57-84dd-fd8cbd5ecc75'		
User entered 'No (N)'	System	20 Jan 2021 17:12:27

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	20 Jan 2021 17:12:27
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-01-20T12:12:22', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'b90236f2-ef67-4c57-84dd-fd8cbd5ecc75'		
User entered '20 Jan 2021 12:12:22'	System	20 Jan 2021 17:12:27

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '18 Jan 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '22 Jan 2021	System	19 Nov 2020 16:41:17
22.501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 173'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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	27 Jan 2021 17:05:12
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-01-27T12:01:29', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '11373a9e-887a-4986-91d2-bb7e2e29dc53'		
User entered 'No (N)'	System	27 Jan 2021 17:05:12

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Have you been exposed to someone with 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	27 Jan 2021 17:05:12
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-01-27T12:02:09', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '11373a9e-887a-4986-91d2-bb7e2e29dc53'		
User entered 'No (N)'	System	27 Jan 2021 17:05:12

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	27 Jan 2021 17:05:12
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-01-27T12:02:12', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '11373a9e-887a-4986-91d2-bb7e2e29dc53'		
User entered '27 Jan 2021 12:02:12'	System	27 Jan 2021 17:05:12

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '25 Jan 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '29 Jan 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 180'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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	01 Feb 2021 10:30:43
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-02-01T05:30:34', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '0ba38612-3405-455f-90fa-cb67e46e303b'		
User entered 'No (N)'	System	01 Feb 2021 10:30:43

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Have you been exposed to someone with 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	01 Feb 2021 10:30:43
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-02-01T05:30:38', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '0ba38612-3405-455f-90fa-cb67e46e303b'		
User entered 'No (N)'	System	01 Feb 2021 10:30:43

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	01 Feb 2021 10:30:43
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-02-01T05:30:41', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '0ba38612-3405-455f-90fa-cb67e46e303b'		
User entered '01 Feb 2021 05:30:41'	System	01 Feb 2021 10:30:43

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '01 Feb 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '05 Feb 2021	System	19 Nov 2020 16:41:17
23:59'		

EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 187'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '08 Feb 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '12 Feb 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 194'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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	15 Feb 2021 12:54:12
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-02-15T07:54:03', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '46785e9f-d206-4913-8edb-b6eb02268710'		
User entered 'No (N)'	System	15 Feb 2021 12:54:12

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Have you been exposed to someone with 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	15 Feb 2021 12:54:12
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-02-15T07:54:07', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '46785e9f-d206-4913-8edb-b6eb02268710'		
User entered 'No (N)'	System	15 Feb 2021 12:54:12

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	15 Feb 2021 12:54:12
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-02-15T07:54:10', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '46785e9f-d206-4913-8edb-b6eb02268710'		
User entered '15 Feb 2021 07:54:10'	System	15 Feb 2021 12:54:12

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '15 Feb 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '19 Feb 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 201'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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	22 Feb 2021 12:09:24
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-02-22T07:09:14', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'cf9d3409-5524-4d89-8259-2e3e4f6535f5'		
User entered 'No (N)'	System	22 Feb 2021 12:09:24

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Have you been exposed to someone with 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	22 Feb 2021 12:09:24
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-02-22T07:09:18', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'cf9d3409-5524-4d89-8259-2e3e4f6535f5'		
User entered 'No (N)'	System	22 Feb 2021 12:09:24

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	22 Feb 2021 12:09:24
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-02-22T07:09:22', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'cf9d3409-5524-4d89-8259-2e3e4f6535f5'		
User entered '22 Feb 2021 07:09:22'	System	22 Feb 2021 12:09:24

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '22 Feb 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '26 Feb 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 208'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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	03 Mar 2021 19:06:06
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-03-03T14:05:54', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'f2f3ac6e-38e3-41a1-8790-f699334c0300'		
User entered 'No (N)'	System	03 Mar 2021 19:06:06

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Have you been exposed to someone with 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	03 Mar 2021 19:06:06
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-03-03T14:05:59', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'f2f3ac6e-38e3-41a1-8790-f699334c0300'		
User entered 'No (N)'	System	03 Mar 2021 19:06:06

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	03 Mar 2021 19:06:06
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-03-03T14:06:01', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'f2f3ac6e-38e3-41a1-8790-f699334c0300'		
User entered '03 Mar 2021 14:06:01'	System	03 Mar 2021 19:06:06

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '01 Mar 2021 00:01'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '05 Mar 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 215'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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	08 Mar 2021 16:51:38
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-03-08T11:51:28', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '63bf5a4a-e725-433b-b3a3-5ff5aa75e57f'		
User entered 'No (N)'	System	08 Mar 2021 16:51:38

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Have you been exposed to someone with 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	08 Mar 2021 16:51:38
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-03-08T11:51:31', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '63bf5a4a-e725-433b-b3a3-5ff5aa75e57f'		
User entered 'No (N)'	System	08 Mar 2021 16:51:38

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	08 Mar 2021 16:51:38
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-03-08T11:51:33', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '63bf5a4a-e725-433b-b3a3-5ff5aa75e57f'		
User entered '08 Mar 2021 11:51:33'	System	08 Mar 2021 16:51:38

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '08 Mar 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '12 Mar 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 222'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '15 Mar 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '19 Mar 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 229'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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	22 Mar 2021 11:23:18
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-03-22T07:23:06', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '764da93f-7236-4cd0-a628-89e2d064bdfc'		
User entered 'No (N)'	System	22 Mar 2021 11:23:18

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Have you been exposed to someone with 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	22 Mar 2021 11:23:18
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-03-22T07:23:10', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '764da93f-7236-4cd0-a628-89e2d064bdfc'		
User entered 'No (N)'	System	22 Mar 2021 11:23:18

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	22 Mar 2021 11:23:18
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-03-22T07:23:14', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '764da93f-7236-4cd0-a628-89e2d064bdfc'		
User entered '22 Mar 2021 07:23:14'	System	22 Mar 2021 11:23:18

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '22 Mar 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '26 Mar 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 236'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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	29 Mar 2021 11:18:41
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-03-29T07:18:34', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'c7f20703-ab59-4148-b48b-dfb3bfe807e2'		
User entered 'No (N)'	System	29 Mar 2021 11:18:41

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Have you been exposed to someone with 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	29 Mar 2021 11:18:41
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-03-29T07:18:36', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'c7f20703-ab59-4148-b48b-dfb3bfe807e2'		
User entered 'No (N)'	System	29 Mar 2021 11:18:41

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	29 Mar 2021 11:18:41
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-03-29T07:18:39', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'c7f20703-ab59-4148-b48b-dfb3bfe807e2'		
User entered '29 Mar 2021 07:18:39'	System	29 Mar 2021 11:18:41

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '29 Mar 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '02 Apr 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 243'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '05 Apr 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '09 Apr 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 250'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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	14 Apr 2021 16:01:53
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-04-14T12:00:36', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '37f5a5d7-3586-4e29-ab35-6243c8ce1689'		
User entered 'No (N)'	System	14 Apr 2021 16:01:53

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Have you been exposed to someone with 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	14 Apr 2021 16:01:53
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-04-14T12:00:41', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '37f5a5d7-3586-4e29-ab35-6243c8ce1689'		
User entered 'No (N)'	System	14 Apr 2021 16:01:53

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	14 Apr 2021 16:01:53
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-04-14T12:00:44', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: '37f5a5d7-3586-4e29-ab35-6243c8ce1689'		
User entered '14 Apr 2021 12:00:44'	System	14 Apr 2021 16:01:53

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '12 Apr 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '16 Apr 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 257'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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 Apr 2021 23:05:54
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-04-19T19:05:19', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'c0f18d17-f6fd-417f-a5e8-3246872ee9b2'		
User entered 'No (N)'	System	19 Apr 2021 23:05:54

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Have you been exposed to someone with 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 Apr 2021 23:05:54
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-04-19T19:05:23', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'c0f18d17-f6fd-417f-a5e8-3246872ee9b2'		
User entered 'No (N)'	System	19 Apr 2021 23:05:54

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	19 Apr 2021 23:05:54
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-04-19T19:05:26', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'c0f18d17-f6fd-417f-a5e8-3246872ee9b2'		
User entered '19 Apr 2021 19:05:26'	System	19 Apr 2021 23:05:54

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '19 Apr 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '23 Apr 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 264'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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 Apr 2021 23:40:50
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-04-26T19:40:30', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'c1cc2625-954d-4633-9a2e-e0ddb880a2b5'		
User entered 'No (N)'	System	26 Apr 2021 23:40:50

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Have you been exposed to someone with 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 Apr 2021 23:40:50
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-04-26T19:40:38', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'c1cc2625-954d-4633-9a2e-e0ddb880a2b5'		
User entered 'No (N)'	System	26 Apr 2021 23:40:50

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	26 Apr 2021 23:40:50
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-04-26T19:40:43', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'c1cc2625-954d-4633-9a2e-e0ddb880a2b5'		
User entered '26 Apr 2021 19:40:43'	System	26 Apr 2021 23:40:50

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '26 Apr 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '30 Apr 2021	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '30 Apr 2021	System	19 Nov 2020 16:41:17

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 271'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

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	03 May 2021 11:35:50
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-05-03T07:35:34', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'e0e24591-6061-4c13-8d7e-1ce9ab9f96ac'		
User entered 'No (N)'	System	03 May 2021 11:35:50

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Have you been exposed to someone with 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	03 May 2021 11:35:50
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-05-03T07:35:17', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'e0e24591-6061-4c13-8d7e-1ce9ab9f96ac'		
User entered 'No (N)'	System	03 May 2021 11:35:50

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	03 May 2021 11:35:50
Provided', Location OID: 'ePRODevice		
(719AB9DF-31AA-4C55-8338-B5DBF00E76D2)',		
Time: '2021-05-03T07:35:44', User OID:		
'PatientReportedOutcome (US3402300)', ODM File		
OID: 'e0e24591-6061-4c13-8d7e-1ce9ab9f96ac'		
User entered '03 May 2021 07:35:44'	System	03 May 2021 11:35:50

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '03 May 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '07 May 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 278'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '10 May 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '14 May 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 285'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '17 May 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '21 May 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 292'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '24 May 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '28 May 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 299'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '31 May 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '04 Jun 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 306'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '07 Jun 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '11 Jun 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 313'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '14 Jun 2021	System	19 Nov 2020 16:41:17
00:01'	-	

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '18 Jun 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 320'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '21 Jun 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '25 Jun 2021	System	19 Nov 2020 16:41:17
22 701		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 327'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '28 Jun 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '02 Jul 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 334'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '05 Jul 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '09 Jul 2021	System	19 Nov 2020 16:41:17
23:59'	-	

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 341'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '12 Jul 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '16 Jul 2021	System	19 Nov 2020 16:41:17
23:59'	•	

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Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 348'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '19 Jul 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '23 Jul 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 355'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '26 Jul 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '30 Jul 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 362'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '02 Aug 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '06 Aug 2021	System	19 Nov 2020 16:41:17
22 701		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 369'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '09 Aug 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '13 Aug 2021	System	19 Nov 2020 16:41:17
22.50		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 376'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '16 Aug 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '20 Aug 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 383'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '23 Aug 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '27 Aug 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 390'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '30 Aug 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '03 Sep 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 397'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '06 Sep 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '10 Sep 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 404'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '13 Sep 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '17 Sep 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 411'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '20 Sep 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '24 Sep 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 418'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '27 Sep 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '01 Oct 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 425'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '04 Oct 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '08 Oct 2021	System	19 Nov 2020 16:41:17
23:59'	-	

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 432'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '11 Oct 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '15 Oct 2021	System	19 Nov 2020 16:41:17
23:59'		

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 439'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '18 Oct 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '22 Oct 2021	System	19 Nov 2020 16:41:17
22 701		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 446'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '25 Oct 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '29 Oct 2021	System	19 Nov 2020 16:41:17
22, 501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 453'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '01 Nov 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '05 Nov 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 460'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '08 Nov 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '12 Nov 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 467'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '15 Nov 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '19 Nov 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 474'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '22 Nov 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '26 Nov 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 481'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '29 Nov 2021	System	19 Nov 2020 16:41:17
00.011		

00:01'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '03 Dec 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 488'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '06 Dec 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '10 Dec 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 495'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '13 Dec 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '17 Dec 2021	System	19 Nov 2020 16:41:17
22.50		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 502'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '20 Dec 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '24 Dec 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 509'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '27 Dec 2021	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '31 Dec 2021	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 516'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '03 Jan 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '07 Jan 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 523'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '10 Jan 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '14 Jan 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 530'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '17 Jan 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '21 Jan 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 537'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '24 Jan 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '28 Jan 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 544'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '31 Jan 2022 00:01'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '04 Feb 2022	System	19 Nov 2020 16:41:17
23:59'		

EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 551'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '07 Feb 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '11 Feb 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 558'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '14 Feb 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '18 Feb 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 565'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '21 Feb 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '25 Feb 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 572'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '28 Feb 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '04 Mar 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 579'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '07 Mar 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '11 Mar 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 586'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '14 Mar 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '18 Mar 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 593'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '21 Mar 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '25 Mar 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 600'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '28 Mar 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '01 Apr 2022	System	19 Nov 2020 16:41:17
23:59'		

PRODUCTION RELEASE (v12.003

EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 607'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '04 Apr 2022 00:01'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '08 Apr 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 614'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '11 Apr 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '15 Apr 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 621'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '18 Apr 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '22 Apr 2022	System	19 Nov 2020 16:41:17
22.50!		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 628'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '25 Apr 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '29 Apr 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 635'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '02 May 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '06 May 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 642'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '09 May 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '13 May 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 649'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '16 May 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '20 May 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 656'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '23 May 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '27 May 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 663'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '30 May 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '03 Jun 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 670'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '06 Jun 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '10 Jun 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 677'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '13 Jun 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '17 Jun 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 684'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '20 Jun 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '24 Jun 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 691'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '27 Jun 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '01 Jul 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 698'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '04 Jul 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '08 Jul 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 705'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '11 Jul 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '15 Jul 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 712'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '18 Jul 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '22 Jul 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 719'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '25 Jul 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '29 Jul 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 726'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '01 Aug 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '05 Aug 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 733'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '08 Aug 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '12 Aug 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 740'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '15 Aug 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '19 Aug 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 747'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '22 Aug 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '26 Aug 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 754'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '29 Aug 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '02 Sep 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 761'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '05 Sep 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '09 Sep 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 768'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '12 Sep 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '16 Sep 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 775'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '19 Sep 2022 00:01'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '23 Sep 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 782'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '26 Sep 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '30 Sep 2022	System	19 Nov 2020 16:41:17
22 701		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 789'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '03 Oct 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '07 Oct 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:15

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered 'Day 796'	System	19 Nov 2020 16:41:17

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15 Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '10 Oct 2022	System	19 Nov 2020 16:41:17
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:15

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:41:17
Amendment Manager: User entered '14 Oct 2022	System	19 Nov 2020 16:41:17
23:59'		

Folder: Cosmetic Injections and Dermal Fillers Form: Cosmetic Injection_ Dermal Filler eDiary (1)

Generated On: 11 Aug 2021 22:35:15

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)	26 Apr 2021 06:40:28
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2021-03-03T14:06:10', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '23d8e8f1-c616-42a3-a970-980b0311fbd3'	System	03 Mar 2021 19:06:15
User entered 'No (N)'	System	03 Mar 2021 19:06:15

Folder: Cosmetic Injections and Dermal Fillers Form: Cosmetic Injection_ Dermal Filler eDiary (1)

Generated On: 11 Aug 2021 22:35:15

Date & Time of Submission

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	26 Apr 2021 06:40:28
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (719AB9DF-31AA-4C55-8338-B5DBF00E76D2)', Time: '2021-03-03T14:06:13', User OID: 'PatientReportedOutcome (US3402300)', ODM File OID: '23d8e8f1-c616-42a3-a970-980b0311fbd3'	System	03 Mar 2021 19:06:15
User entered '03 Mar 2021 14:06:13'	System	03 Mar 2021 19:06:15

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Mar 2021 22:25:32
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	10 Nov 2020 15:10:47

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Mar 2021 22:25:32
User entered '8 Nov 2020'	Traci Hull (b) (4) (b) (4)	10 Nov 2020 15:10:47

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4)	08 Mar 2021 22:25:32
User entered 'Contact Made (CONTACT MADE)'	(b) (4) Traci Hull (b) (4) (b) (4)	10 Nov 2020 15:10:47

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Comments

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4)	08 Mar 2021 22:25:32
User entered empty.	(b) (4) Traci Hull (b) (4) (b) (4)	10 Nov 2020 15:10:47

Folder: Safety Call Day 85 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:15
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Mar 2021 22:25:32
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	10 Nov 2020 15:10:34

Folder: Safety Call Day 85 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:15

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 16:57:39
User entered '1'	System	10 Nov 2020 15:10:34

Folder: Safety Call Day 119 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 18:38:00
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	07 Dec 2020 15:05:33

Folder: Safety Call Day 119 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 18:38:00
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered '7 Dec 2020'	Traci Hull (b) (4) (b) (4)	07 Dec 2020 15:05:33

Folder: Safety Call Day 119 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 18:38:00
User signature succeeded.	Frank Eder (b) (4)	26 Apr 2021 23:06:27
User entered 'Contact Made (CONTACT MADE)'	(b) (4) Traci Hull (b) (4) (b) (4)	07 Dec 2020 15:05:33

Folder: Safety Call Day 119 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Comments

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 18:38:00
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered empty.	Traci Hull (b) (4) (b) (4)	07 Dec 2020 15:05:33

Folder: Safety Call Day 119 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:15
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 18:38:00
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	07 Dec 2020 15:05:18

Folder: Safety Call Day 119 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:15

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 18:38:00
User entered '1'	System	07 Dec 2020 15:05:18

Folder: Safety Call Day 149 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 18:38:00
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	01 Feb 2021 17:08:50

Folder: Safety Call Day 149 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 18:38:00
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered '7 Jan 2021'	Traci Hull (b) (4) (b) (4)	01 Feb 2021 17:08:50

Folder: Safety Call Day 149 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 18:38:00
User signature succeeded.	Frank Eder (b) (4)	26 Apr 2021 23:06:27
User entered 'Contact Made (CONTACT MADE)'	(b) (4) Traci Hull (b) (4) (b) (4)	01 Feb 2021 17:08:50

Folder: Safety Call Day 149 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Comments

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 18:38:00
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered empty.	Traci Hull (b) (4) (b) (4)	01 Feb 2021 17:08:50

Folder: Safety Call Day 149 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:15
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 18:38:00
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	01 Feb 2021 17:08:56

Folder: Safety Call Day 149 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:15

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 18:38:00
User entered '1'	System	01 Feb 2021 17:08:56

Folder: Safety Call Day 179 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 18:38:00
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	04 Feb 2021 16:04:20

Folder: Safety Call Day 179 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 18:38:00
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered '4 Feb 2021'	Traci Hull (b) (4) (b) (4)	04 Feb 2021 16:04:20

Folder: Safety Call Day 179 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 18:38:00
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered 'Contact Made (CONTACT MADE)'	Traci Hull (b) (4) (b) (4)	04 Feb 2021 16:04:20

Folder: Safety Call Day 179 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Comments

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 18:38:00
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered empty.	Traci Hull (b) (4) (b) (4)	04 Feb 2021 16:04:20

Folder: Safety Call Day 179 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:15
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 18:38:00
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	04 Feb 2021 16:04:27

Folder: Safety Call Day 179 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:15

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 18:38:00
User entered '1'	System	04 Feb 2021 16:04:27

Folder: Visit 4 Day 209 (1)

Form: Visit Date

Generated On: 11 Aug 2021 22:35:15

Was this visit performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:54:06
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:57
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:07:41

Folder: Visit 4 Day 209 (1)

Form: Visit Date

Generated On: 11 Aug 2021 22:35:15

Visit date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:54:06
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:57
User entered '11 Mar 2021'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:07:41

Folder: Visit 4 Day 209 (1)

Form: Visit Date

Generated On: 11 Aug 2021 22:35:15

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:54:06
User signature succeeded.	Frank Eder (b) (4)	26 Apr 2021 23:06:57
User entered 'Clinic (Clinic)'	(b) (4) Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:07:41

Folder: Visit 4 Day 209 (1)

Form: Visit Date

Generated On: 11 Aug 2021 22:35:15

Folder OID

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:54:06
User entered 'VISIT4'	System	11 Mar 2021 17:07:41

Folder: Visit 4 Day 209 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Were vital signs assessed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:54:06
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:57
User entered 'Yes (Y)' reason for change: Data Entry Error	Tammy Kohn (b) (4) (b) (4)	31 Mar 2021 12:59:52
User entered 'No (N)'	Tammy Kohn (b) (4) (b) (4)	30 Mar 2021 17:57:55

Folder: Visit 4 Day 209 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15 Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:54:06
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:57
User entered '11 Mar 2021' reason for change: Data Entry Error		31 Mar 2021 12:59:52
User entered empty.	Tammy Kohn (b) (4) (b) (4)	30 Mar 2021 17:57:55

Folder: Visit 4 Day 209 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15 Time of assessment (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:54:06
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:57
User entered '10:45' reason for change: Data Entry Error	Tammy Kohn (b) (4) (b) (4)	31 Mar 2021 12:59:52
User entered empty.	Tammy Kohn (b) (4) (b) (4)	30 Mar 2021 17:57:55

Folder: Visit 4 Day 209 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:54:06
User entered '11 Mar 2021 10:45'	System	31 Mar 2021 12:59:52
User entered empty.	System	30 Mar 2021 17:57:55

Folder: Visit 4 Day 209 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Temperature (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:54:06
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:57
User closed query 'Data is required. Please provide.' (Site from System).		31 Mar 2021 13:00:16
Query 'Data is required. Please provide.' answered by data change (Site from System).	System	31 Mar 2021 13:00:16
User entered '36.6' C reason for change: Data Entry Error	Tammy Kohn (b) (4) (b) (4)	31 Mar 2021 13:00:16
User opened query 'Data is required. Please provide (Site from System).	.' System	31 Mar 2021 12:59:52
User entered empty.	Tammy Kohn (b) (4) (b) (4)	30 Mar 2021 17:57:55

Folder: Visit 4 Day 209 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Route of measurement

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:54:06
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:57
User entered 'Oral (Oral)' reason for change: Data Entry Error	Tammy Kohn (b) (4) (b) (4)	31 Mar 2021 12:59:52
User entered empty.	Tammy Kohn (b) (4) (b) (4)	30 Mar 2021 17:57:55

Folder: Visit 4 Day 209 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

If Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:54:06
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:57
User entered empty.	Tammy Kohn (b) (4) (b) (4)	30 Mar 2021 17:57:55

Folder: Visit 4 Day 209 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Pulse (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:54:06
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:57
User closed query 'Data is required. Please provide.' (Site from System).		31 Mar 2021 13:00:16
Query 'Data is required. Please provide.' answered by data change (Site from System).	System	31 Mar 2021 13:00:16
User entered '78' reason for change: Data Entry Error	Tammy Kohn (b) (4) (b) (4)	31 Mar 2021 13:00:16
User opened query 'Data is required. Please provide. (Site from System).	'System	31 Mar 2021 12:59:52
User entered empty.	Tammy Kohn (b) (4) (b) (4)	30 Mar 2021 17:57:55

Folder: Visit 4 Day 209 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Pulse units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:54:06
User entered 'bpm'	System	31 Mar 2021 13:00:16
User entered empty.	System	30 Mar 2021 17:57:55

Folder: Visit 4 Day 209 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Respiratory Rate (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:54:06
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:57
User closed query 'Data is required. Please provide.' (Site from System).		31 Mar 2021 13:00:16
Query 'Data is required. Please provide.' answered by data change (Site from System).	System	31 Mar 2021 13:00:16
User entered '16' reason for change: Data Entry Error	Tammy Kohn (b) (4) (b) (4)	31 Mar 2021 13:00:16
User opened query 'Data is required. Please provide. (Site from System).	'System	31 Mar 2021 12:59:52
User entered empty.	Tammy Kohn (b) (4) (b) (4)	30 Mar 2021 17:57:55

Folder: Visit 4 Day 209 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Respiratory Rate units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:54:06
User entered 'breaths/min'	System	31 Mar 2021 13:00:16
User entered empty.	System	30 Mar 2021 17:57:55

Folder: Visit 4 Day 209 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:54:06
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:57
User closed query 'Data is required. Please provide.' (Site from System).		31 Mar 2021 13:00:16
Query 'Data is required. Please provide.' answered by data change (Site from System).	System	31 Mar 2021 13:00:16
User entered '121' reason for change: Data Entry Error	Tammy Kohn (b) (4) (b) (4)	31 Mar 2021 13:00:16
User opened query 'Data is required. Please provide. (Site from System).	'System	31 Mar 2021 12:59:52
User entered empty.	Tammy Kohn (b) (4) (b) (4)	30 Mar 2021 17:57:55

Folder: Visit 4 Day 209 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Systolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:54:06
User entered 'mmHg'	System	31 Mar 2021 13:00:16
User entered empty.	System	30 Mar 2021 17:57:55

Folder: Visit 4 Day 209 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:54:06
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:57
User closed query 'Data is required. Please provide.' (Site from System).		31 Mar 2021 13:00:16
Query 'Data is required. Please provide.' answered by data change (Site from System).	System	31 Mar 2021 13:00:16
User entered '76' reason for change: Data Entry Error	Tammy Kohn (b) (4) (b) (4)	31 Mar 2021 13:00:16
User opened query 'Data is required. Please provide. (Site from System).	'System	31 Mar 2021 12:59:52
User entered empty.	Tammy Kohn (b) (4) (b) (4)	30 Mar 2021 17:57:55

Folder: Visit 4 Day 209 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Diastolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:54:06
User entered 'mmHg'	System	31 Mar 2021 13:00:16
User entered empty.	System	30 Mar 2021 17:57:55

Folder: Visit 4 Day 209 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Height (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:54:06

Folder: Visit 4 Day 209 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Weight (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:54:06

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

Generated On: 11 Aug 2021 22:35:15 Was the physical examination performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:54:06
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:57
User closed query 'Per CDM: Visit 4 Day 209 and Participant Decision Visit / OL-D1 are both dated 11Mar2021, 'Was the physical examination performed?' is NO at this visit but at Participant Decision Visit / OL-D1 ' Was the physical examination performed?' is YES and data is present. If the visits occurred on the same day, then the physical examination data should be entered at both visits per sponsor with same response Yes or No. Please review and update as appropriate' (Site from DM).	(b) (4), (b) (6)	02 Apr 2021 10:42:26
Query 'Per CDM: Visit 4 Day 209 and Participant Decision Visit / OL-D1 are both dated 11Mar2021,'Was the physical examination performed?' is NO at this visit but at Participant Decision Visit / OL-D1 ' Was the physical examination performed?' is YES and data is present. If the visits occurred on the same day, then the physical examination data should be entered at both visits per sponsor with same response Yes or No. Please review and update as appropriate' answered with 'UPDATED' (Site from DM).	Tammy Kohn (b) (4) (b) (4)	01 Apr 2021 13:18:50
User entered 'Yes (Y)' reason for change: New Information User opened query 'Per CDM: Visit 4 Day 209 and Participant Decision Visit / OL-D1 are both dated 11Mar2021,'Was the physical examination performed?' is NO at this visit but at Participant Decision Visit / OL-D1 'Was the physical examination performed?' is YES and data is present. If the visits occurred on the same day, then the physical examination data should be entered at both visits per sponsor with same response Yes or No. Please review and update as appropriate' (Site from DM).	Tammy Kohn (b) (4) (b) (4) (b) (4), (b) (6)	01 Apr 2021 13:18:46 01 Apr 2021 12:00:23

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

Generated On: 11 Aug 2021 22:35:15 Was the physical examination performed?

Audit	User	Time (GMT)
User closed query 'Per CDM: Visit 4 Day 209 and Participant Decision Visit / OL-D1 are both dated 11Mar2021,'Was the physical examination performed?' is NO at this visit but at OL-D57 'Was the physical examination performed?' is YES and data is present. If the visits occurred on the same day then the physical examination data should be entered at both visits per sponsor. Please review and update as appropriate.' (Site from DM).		01 Apr 2021 12:00:23
User entered 'No (N)' reason for change: New Information	Traci Hull (b) (4) (b) (4)	30 Mar 2021 18:56:59
Query 'Per CDM: Visit 4 Day 209 and Participant Decision Visit / OL-D1 are both dated 11Mar2021,'Was the physical examination performed?' is NO at this visit but at OL-D57 'Was the physical examination performed?' is YES and data is present. If the visits occurred on the same day then the physical examination data should be entered at both visits per sponsor. Please review and update as appropriate.' answered with 'updated' (Site from DM).	Tammy Kohn (b) (4) (b) (4)	30 Mar 2021 17:57:41
User entered 'Yes (Y)' reason for change: Data Entry Error	Tammy Kohn (b) (4) (b) (4)	30 Mar 2021 17:56:20
User opened query 'Per CDM: Visit 4 Day 209 and Participant Decision Visit / OL-D1 are both dated 11Mar2021, 'Was the physical examination performed?' is NO at this visit but at OL-D57 ' Was the physical examination performed?' is YES and data is present. If the visits occurred on the same day then the physical examination data should be entered at both visits per sponsor. Please review and update as appropriate.' (Site from DM).	(b) (4), (b) (6)	30 Mar 2021 17:26:12
User entered 'No (N)'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:08:13

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

Generated On: 11 Aug 2021 22:35:15 Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:54:06
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:57
User entered '11 Mar 2021' reason for change: New Information		01 Apr 2021 13:18:46
User entered empty; reason for change New Information	Traci Hull (b) (4) (b) (4)	30 Mar 2021 18:56:59
User entered '11 Mar 2021' reason for change: Data Entry Error	Tammy Kohn (b) (4) (b) (4)	30 Mar 2021 17:56:20
User entered empty.	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:08:13

Folder: Visit 4 Day 209 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:15

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:54:06
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:57
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:08:26

Folder: Visit 4 Day 209 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:15

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:54:06
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:57
User entered '11 Mar 2021'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:08:26

Folder: Visit 4 Day 209 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:15

Collection time (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:54:06
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:57
User entered '10:24'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:08:26

Folder: Visit 4 Day 209 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:15 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:54:06
User entered '11 Mar 2021 10:24'	System	11 Mar 2021 17:08:26

Folder: Visit 4 Day 209 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:15
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:54:06
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:57
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:08:32

Folder: Visit 4 Day 209 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:15

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:54:06
User entered '1'	System	11 Mar 2021 17:08:32

Folder: Safety Call Day 239 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Was Contact Attempted?

Audit	User	Time (GMT)
User signature succeeded.	Frank Eder (b) (4)	26 Apr 2021 23:06:27
User entered 'Yes (Y)'	(b) (4) Tammy Kohn (b) (4) (b) (4)	06 Apr 2021 12:37:30

Folder: Safety Call Day 239 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Frank Eder (b) (4)	26 Apr 2021 23:06:27
User entered '6 Apr 2021'	(b) (4) Tammy Kohn (b) (4) (b) (4)	06 Apr 2021 12:37:30

Folder: Safety Call Day 239 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Please select one status for the follow-up contact

Audit	User	Time (GMT)
User signature succeeded.	Frank Eder (b) (4)	26 Apr 2021 23:06:27
User entered 'Contact Made (CONTACT MADE)'	(b) (4) Tammy Kohn (b) (4) (b) (4)	06 Apr 2021 12:37:30

Folder: Safety Call Day 239 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Comments

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User signature succeeded.	Frank Eder (b) (4)	26 Apr 2021 23:06:27
User entered empty.	(b) (4) Tammy Kohn (b) (4) (b) (4)	06 Apr 2021 12:37:30

Folder: Safety Call Day 239 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:15
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
User signature succeeded.	Frank Eder (b) (4)	26 Apr 2021 23:06:27
User entered 'Yes (Y)'	(b) (4) Tammy Kohn (b) (4) (b) (4)	06 Apr 2021 12:37:38

Folder: Safety Call Day 239 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:15

Continuing Flag

Audit	User	Time (GMT)
User entered '1'	System	06 Apr 2021 12:37:38

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

Form: Visit Date

Generated On: 11 Aug 2021 22:35:15

Was this visit performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:08:46

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

Form: Visit Date

Generated On: 11 Aug 2021 22:35:15

Visit date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered '11 Mar 2021'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:08:46

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

Form: Visit Date

Generated On: 11 Aug 2021 22:35:15

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered 'Clinic (Clinic)'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:08:46

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

Form: Visit Date

Generated On: 11 Aug 2021 22:35:15

Folder OID

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User entered 'UNBLND_DECIDE'	System	11 Mar 2021 17:08:46

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

Form: Unblinding

Generated On: 11 Aug 2021 22:35:15

Date of updated informed consent (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered '06 Jan 2021'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:09:29

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

Form: Unblinding

Generated On: 11 Aug 2021 22:35:15

 $\ensuremath{N\!/A}$ - Subject Unblinded under Amendment 5 and Discontinued from Study

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered '0'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:09:29

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

Form: Unblinding

Generated On: 11 Aug 2021 22:35:15

Was the participant unblinded?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:09:29

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

Form: Unblinding

Generated On: 11 Aug 2021 22:35:15

Under what version of the Protocol was the Participant unblinded?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered 'Amendment 6 or later (Amendment 6 or later)'		11 Mar 2021 17:09:29

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

Form: Unblinding

Generated On: 11 Aug 2021 22:35:15
Date of unblinding (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered '11 Mar 2021'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:09:29

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

Form: Unblinding

Generated On: 11 Aug 2021 22:35:15 Participant randomization assignment

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered 'mRNA-1273 (mRNA-1273)'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:09:29

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

Form: Unblinding

Generated On: 11 Aug 2021 22:35:15

Actual Dose 1

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered 'mRNA-1273 (mRNA-1273)'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:09:29

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

Form: Unblinding

Generated On: 11 Aug 2021 22:35:15

Actual Dose 2

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered 'Not Administered (NA)'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:09:29

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

Form: Unblinding

Generated On: 11 Aug 2021 22:35:15 Will participant receive mRNA-1273?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:09:29

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

Form: Unblinding

Generated On: 11 Aug 2021 22:35:15

Placebo Only Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User entered empty.	System	11 Mar 2021 17:09:29

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

Form: Unblinding

Generated On: 11 Aug 2021 22:35:15

Continuing with mRNA-1273

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User entered '1'	System	11 Mar 2021 17:09:29

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

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:35:15

Height

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered missing code ND - Not Done.	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:35:15

Weight

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered missing code ND - Not Done.	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:35:15

BMI (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User entered empty.	System	11 Mar 2021 17:11:37
DataPoint set to visible.	System	11 Mar 2021 17:09:29

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

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:35:15

Height

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered missing code ND - Not Done.	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:35:15

Weight

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered missing code ND - Not Done.	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:35:15

BMI (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User entered empty.	System	11 Mar 2021 17:11:37
DataPoint set to visible.	System	11 Mar 2021 17:09:29

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:15

Timepoint

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User accepted default value 'Pre-Dose (PREDOSE)'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:15

Were vital signs assessed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User closed query 'Per CDM: Visit 4 Day 209 and	(b) (4), (b) (6)	01 Apr 2021 11:53:42
Participant Decision Visit / OL-D1 are both dated		
11Mar2021, However, the data on the Vital signs		
forms in these two visits do not match. If confirmed		
the visits occurred on the same day, the data must		
match. Please review and reconcile.' (Site from DM)		
Query 'Per CDM: Visit 4 Day 209 and Participant	Tammy Kohn (b) (4)	31 Mar 2021 12:59:29
Decision Visit / OL-D1 are both dated	(b) (4)	
11Mar2021, However, the data on the Vital signs		
forms in these two visits do not match. If confirmed		
the visits occurred on the same day, the data must		
match. Please review and reconcile.' answered with		
'UPDATED' (Site from DM). User opened query 'Per CDM: Visit 4 Day 209 and	(b) (4), (b) (6)	30 Mar 2021 17:25:11
Participant Decision Visit / OL-D1 are both dated	(b) (4), (b) (0)	30 Wai 2021 17.23.11
11Mar2021, However, the data on the Vital signs		
forms in these two visits do not match. If confirmed		
the visits occurred on the same day, the data must		
match. Please review and reconcile.' (Site from DM)).	
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing (1) Generated On: 11 Aug 2021 22:35:15 Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered '11 Mar 2021'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:15

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered '10:45'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:15 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User entered '11 Mar 2021 10:45'	System	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:15

Temperature (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered '36.6' C	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:15

Route of measurement

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered 'Oral (Oral)'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:15

If Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered empty.	Tràci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:15

Pulse (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered '78'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:15

Pulse units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User entered 'bpm'	System	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:15

Respiratory Rate (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered '16'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:15

Respiratory Rate units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User entered 'breaths/min'	System	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:15

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered '121'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:15

Systolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User entered 'mmHg'	System	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:15

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered '73'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:15

Diastolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User entered 'mmHg'	System	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:35:15

Height

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered missing code ND - Not Done.	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:35:15

Weight

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered missing code ND - Not Done.	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:35:15

BMI (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User entered empty.	System	11 Mar 2021 17:11:37
DataPoint set to visible.	System	11 Mar 2021 17:09:29

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:15

Timepoint

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User accepted default value 'Post-Dose (POSTDOSE)'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:15

Were vital signs assessed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:15 Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered '11 Mar 2021'	Trací Húll (b) (4) (b) (4)	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:15

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered '11:55'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:15 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User entered '11 Mar 2021 11:55'	System	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:15

Temperature (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered '36.6' C	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:15

Route of measurement

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered 'Oral (Oral)'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:15

If Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered empty.	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:15

Pulse (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered '66'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:15

Pulse units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User entered 'bpm'	System	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:15

Respiratory Rate (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered '16'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:15

Respiratory Rate units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User entered 'breaths/min'	System	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:15

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered '115'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:15

Systolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User entered 'mmHg'	System	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:15

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered '73'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:37

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:15

Diastolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User entered 'mmHg'	System	11 Mar 2021 17:11:37

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

Form: Physical Examination

Generated On: 11 Aug 2021 22:35:15 Was the physical examination performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:46

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

Form: Physical Examination

Generated On: 11 Aug 2021 22:35:15 Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered '11 Mar 2021'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:46

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

Form: Pregnancy Test

Generated On: 11 Aug 2021 22:35:15 Was the pregnancy test performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:55

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

Form: Pregnancy Test

Generated On: 11 Aug 2021 22:35:15

Date of test (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered '11 Mar 2021'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:55

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

Form: Pregnancy Test

Generated On: 11 Aug 2021 22:35:15

Test performed

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered 'Urine (URINE)'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:55

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

Form: Pregnancy Test

Generated On: 11 Aug 2021 22:35:15

Result

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered 'Negative (NEGATIVE)'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:55

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

Form: Pregnancy Test

Generated On: 11 Aug 2021 22:35:15

Was FSH sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered 'No (N)'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:55

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

Form: Pregnancy Test

Generated On: 11 Aug 2021 22:35:15

Collection date

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4)	26 Apr 2021 23:06:27
User entered empty.	(b) (4) Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:55

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

Form: Pregnancy Test

Generated On: 11 Aug 2021 22:35:15

Collection time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4)	26 Apr 2021 23:06:27
User entered empty.	(b) (4) Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:11:55

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

Form: Pregnancy Test

Generated On: 11 Aug 2021 22:35:15 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User entered empty.	System	11 Mar 2021 17:11:55

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

Form: Exposure

Generated On: 11 Aug 2021 22:35:15

Was study treatment given?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:12:14

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

Form: Exposure

Generated On: 11 Aug 2021 22:35:15

If No, reason not given

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered empty.	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:12:14

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

Form: Exposure

Generated On: 11 Aug 2021 22:35:15

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)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered empty.	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:12:14

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

Form: Exposure

Generated On: 11 Aug 2021 22:35:15 What was the study treatment? (Unblinded)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User entered 'mRNA-1273'	System	11 Mar 2021 17:12:14
DataPoint set to visible.	System	11 Mar 2021 17:09:29

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

Form: Exposure

Generated On: 11 Aug 2021 22:35:15
What was the treatment date? (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered '11 Mar 2021'	Tràci Hull (b) (4) (b) (4)	11 Mar 2021 17:12:14

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

Form: Exposure

Generated On: 11 Aug 2021 22:35:15 What was the treatment time? (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered '11:23'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:12:14

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

Form: Exposure

Generated On: 11 Aug 2021 22:35:15 Treatment Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User entered '11 Mar 2021 11:23'	System	11 Mar 2021 17:12:14

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

Form: Exposure

Generated On: 11 Aug 2021 22:35:15 Which arm was used to give treatment?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered 'Left Arm (LEFT ARM)'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:12:14

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

Form: Exposure

Generated On: 11 Aug 2021 22:35:15

What was the frequency of the study treatment dosing?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User entered 'ONCE'	System	11 Mar 2021 17:12:14

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

Form: Exposure

Generated On: 11 Aug 2021 22:35:15

What was the route of administration for the study treatment?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User entered 'INTRAMUSCULAR'	System	11 Mar 2021 17:12:14

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

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:15

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:09:40

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

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:15

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered '11 Mar 2021'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:09:40

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

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:15

Collection time (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered '10:24'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:09:40

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

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:15 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User entered '11 Mar 2021 10:24'	System	11 Mar 2021 17:09:40

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

Form: Central Laboratory - Nasopharyngeal Swab (Single)

Generated On: 11 Aug 2021 22:35:15

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:09:50

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

Form: Central Laboratory - Nasopharyngeal Swab (Single)

Generated On: 11 Aug 2021 22:35:15

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered '11 Mar 2021'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:09:50

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

Form: Central Laboratory - Nasopharyngeal Swab (Single)

Generated On: 11 Aug 2021 22:35:15

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered '10:21'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:09:50

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

Form: Central Laboratory - Nasopharyngeal Swab (Single)

Generated On: 11 Aug 2021 22:35:15 Collection Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User entered '11 Mar 2021 10:21'	System	11 Mar 2021 17:09:50

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

Form: Continuing

Generated On: 11 Aug 2021 22:35:15
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	11 Mar 2021 17:09:54

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

Form: Continuing

Generated On: 11 Aug 2021 22:35:15

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 23:52:30
User entered '1'	System	11 Mar 2021 17:09:54

Folder: Safety Call OL-D8 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 13:48:04
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	18 Mar 2021 16:57:18

Folder: Safety Call OL-D8 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 13:48:04
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered '18 Mar 2021'	Traci Hull (b) (4) (b) (4)	18 Mar 2021 16:57:18

Folder: Safety Call OL-D8 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 13:48:04
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered 'Contact Made (CONTACT MADE)'	Traci Hull (b) (4) (b) (4)	18 Mar 2021 16:57:18

Folder: Safety Call OL-D8 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:15

Comments

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 13:48:04
User signature succeeded.	Frank Eder (b) (4)	26 Apr 2021 23:06:27
User entered empty.	(b) (4) Traci Hull (b) (4) (b) (4)	18 Mar 2021 16:57:18

Folder: Safety Call OL-D8 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:15
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 13:48:04
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	18 Mar 2021 16:57:23

Folder: Safety Call OL-D8 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:15

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 13:48:04
User entered '1'	System	18 Mar 2021 16:57:23

Folder: Safety Call OL-D8 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:15

OLD29 Placebo Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 13:48:04
User entered '1'	System	18 Mar 2021 16:57:23
DataPoint set to visible.	System	18 Mar 2021 16:57:23

Folder: OL-D29 (1)
Form: Visit Date

Generated On: 11 Aug 2021 22:35:15

Was this visit performed?

Audit	User	Time (GMT)
User signature succeeded.	Frank Eder (b) (4)	26 Apr 2021 23:06:27
User entered 'Yes (Y)'	(b) (4) Tammy Kohn (b) (4) (b) (4)	13 Apr 2021 15:48:28

Folder: OL-D29 (1) Form: Visit Date

Generated On: 11 Aug 2021 22:35:15

Visit date (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Frank Eder (b) (4)	26 Apr 2021 23:06:27
User entered '13 Apr 2021'	(b) (4) Tammy Kohn (b) (4) (b) (4)	13 Apr 2021 15:48:28

Folder: OL-D29 (1) Form: Visit Date

Generated On: 11 Aug 2021 22:35:15

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

Audit	User	Time (GMT)
User signature succeeded.	Frank Eder (b) (4)	26 Apr 2021 23:06:27
User entered 'Clinic (Clinic)'	(b) (4) Tammy Kohn (b) (4) (b) (4)	13 Apr 2021 15:48:28

Folder: OL-D29 (1) Form: Visit Date

Generated On: 11 Aug 2021 22:35:15

Folder OID

Audit	User	Time (GMT)
User entered 'OLD29'	System	13 Apr 2021 15:48:28

Folder: OL-D29 (1)
Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Were vital signs assessed?

Audit	User	Time (GMT)
User signature succeeded.	Frank Eder (b) (4)	26 Apr 2021 23:06:27
User entered 'No (N)'	(b) (4) Tammy Kohn (b) (4) (b) (4)	13 Apr 2021 15:48:38

Folder: OL-D29 (1)
Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15 Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Frank Eder (b) (4)	26 Apr 2021 23:06:27
User entered empty.	(b) (4) Tammy Kohn (b) (4) (b) (4)	13 Apr 2021 15:48:38

Folder: OL-D29 (1)
Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15 Time of assessment (00:00-23:59)

Audit	User	Time (GMT)
User signature succeeded.	Frank Eder (b) (4)	26 Apr 2021 23:06:27
User entered empty.	(b) (4) Tammy Kohn (b) (4) (b) (4)	13 Apr 2021 15:48:38

Folder: OL-D29 (1) Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
User entered empty.	System	13 Apr 2021 15:48:38

Folder: OL-D29 (1) Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Temperature (xxx.x)

Audit	User	Time (GMT)
User signature succeeded.	Frank Eder (b) (4)	26 Apr 2021 23:06:27
User entered empty.	(b) (4) Tammy Kohn (b) (4) (b) (4)	13 Apr 2021 15:48:38

Folder: OL-D29 (1)
Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Route of measurement

Audit	User	Time (GMT)
User signature succeeded.	Frank Eder (b) (4)	26 Apr 2021 23:06:27
User entered empty.	(b) (4) Tammy Kohn (b) (4) (b) (4)	13 Apr 2021 15:48:38

Folder: OL-D29 (1)
Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

If Other, specify

Audit	User	Time (GMT)
User signature succeeded.	Frank Eder (b) (4)	26 Apr 2021 23:06:27
User entered empty.	(b) (4) Tammy Kohn (b) (4) (b) (4)	13 Apr 2021 15:48:38

Folder: OL-D29 (1)
Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Pulse (xxx)

Audit	User	Time (GMT)
User signature succeeded.	Frank Eder (b) (4)	26 Apr 2021 23:06:27
User entered empty.	(b) (4) Tammy Kohn (b) (4) (b) (4)	13 Apr 2021 15:48:38

Folder: OL-D29 (1) Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Pulse units

Audit	User	Time (GMT)
User entered empty.	System	13 Apr 2021 15:48:38

Folder: OL-D29 (1) Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Respiratory Rate (xxx)

Audit	User	Time (GMT)
User signature succeeded.	Frank Eder (b) (4)	26 Apr 2021 23:06:27
User entered empty.	(b) (4) Tammy Kohn (b) (4) (b) (4)	13 Apr 2021 15:48:38

Folder: OL-D29 (1) Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Respiratory Rate units

Audit	User	Time (GMT)
User entered empty.	System	13 Apr 2021 15:48:38

Folder: OL-D29 (1) Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User signature succeeded.	Frank Eder (b) (4)	26 Apr 2021 23:06:27
User entered empty.	(b) (4) Tammy Kohn (b) (4) (b) (4)	13 Apr 2021 15:48:38

Folder: OL-D29 (1) Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Systolic Blood Pressure units

Audit	User	Time (GMT)
User entered empty.	System	13 Apr 2021 15:48:38

Folder: OL-D29 (1)
Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User signature succeeded.	Frank Eder (b) (4)	26 Apr 2021 23:06:27
User entered empty.	(b) (4) Tammy Kohn (b) (4) (b) (4)	13 Apr 2021 15:48:38

Folder: OL-D29 (1) Form: Vital Signs

Generated On: 11 Aug 2021 22:35:15

Diastolic Blood Pressure units

Audit	User	Time (GMT)
User entered empty.	System	13 Apr 2021 15:48:38

Folder: OL-D29 (1)

Form: Physical Examination

Generated On: 11 Aug 2021 22:35:15 Was the physical examination performed?

Audit	User	Time (GMT)
User signature succeeded.	Frank Eder (b) (4)	26 Apr 2021 23:06:27
User entered 'No (N)'	(b) (4) Tammy Kohn (b) (4) (b) (4)	13 Apr 2021 15:48:44

Folder: OL-D29 (1)

Form: Physical Examination

Generated On: 11 Aug 2021 22:35:15 Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Frank Eder (b) (4)	26 Apr 2021 23:06:27
User entered empty.	(b) (4) Tammy Kohn (b) (4) (b) (4)	13 Apr 2021 15:48:44

Folder: OL-D29 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:15

Was the sample collected?

Audit	User	Time (GMT)
User signature succeeded.	Frank Eder (b) (4)	26 Apr 2021 23:06:27
User entered 'Yes (Y)'	(b) (4) Tammy Kohn (b) (4) (b) (4)	13 Apr 2021 15:48:59

Folder: OL-D29 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:15

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Frank Eder (b) (4)	26 Apr 2021 23:06:27
User entered '13 Apr 2021'	(b) (4) Tammy Kohn (b) (4) (b) (4)	13 Apr 2021 15:48:59

Folder: OL-D29 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:15

Collection time (00:00-23:59)

Audit	User	Time (GMT)
User signature succeeded.	Frank Eder (b) (4)	26 Apr 2021 23:06:27
User entered '09:32'	(b) (4) Tammy Kohn (b) (4) (b) (4)	13 Apr 2021 15:48:59

Folder: OL-D29 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:15 Collection date and time (derived)

Audit	User	Time (GMT)
User entered '13 Apr 2021 09:32'	System	13 Apr 2021 15:48:59

Folder: Adverse Events

Form: Adverse Events Summary Generated On: 11 Aug 2021 22:35:15

Did the participant experience any adverse events?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	03 May 2021 13:01:00
User closed query 'Per DM CLR: Per Safety Follow-up Diary Day 152, Experienced any new COVID-19 symptoms since last questionnaire or study contact?; and Have you contacted a healthcare provider since last questionnaire or study contact? =	(b) (4), (b) (6)	06 Apr 2021 22:20:55
Yes, however, please note that there is no corresponding AE for this recorded data. Please reconcile and update to record the AE as applicable, otherwise provide clarification. '(Site from DM). Query 'Per DM CLR: Per Safety Follow-up Diary Day 152, Experienced any new COVID-19 symptoms since last questionnaire or study contact?; and Have you contacted a healthcare provider since last questionnaire or study contact? = Yes, however, please note that there is no corresponding AE for this recorded data. Please reconcile and update to record the AE as applicable, otherwise provide clarification.		06 Apr 2021 12:40:15
'answered with 'SUBJECT WAS CONTACTED WAS TESTED OUTSIDE THE OFFICE FOR COVID -19 WHICH WAS POSITIVE. SUBJECT REFUSED TO COME IN FOR AN ILLNESS VISIT (Site from DM).	יר.	
User opened query 'Per DM CLR: Per Safety Follow-up Diary Day 152, Experienced any new COVID-19 symptoms since last questionnaire or study contact?; and Have you contacted a healthcare provider since last questionnaire or study contact? = Yes, however, please note that there is no corresponding AE for this recorded data. Please reconcile and update to record the AE as applicable, otherwise provide clarification. '(Site from DM).	(b) (4), (b) (6)	03 Apr 2021 13:41:57
User signature succeeded. User entered 'Yes (Y)'	Frank Eder (b) (4) (b) (4) (b) (4), (b) (6)	14 Mar 2021 14:44:41 16 Aug 2020 16:17:50

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:15

Adverse event

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:55:42
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:07
User signature succeeded.	Frank Eder (b) (4)	14 Mar 2021 14:44:41
User coded data point as SOC: Infections and infestations, HLGT: Viral infectious disorders, HLT: Herpes viral infections, PT: Herpes simplex, LLT:	(b) (4) Coder Import (b) (4)	16 Aug 2020 16:21:17
Herpes simplex - 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)	16 Aug 2020 16:21:17
Data point term sent to Coder	System	16 Aug 2020 16:20:15
User entered 'HERPES SIMPLEX'	(b) (4), (b) (6)	16 Aug 2020 16:19:15

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:15 Was this a medically-attended AE?

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:55:44
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:07
User signature succeeded.	Frank Eder (b) (4) (b) (4)	14 Mar 2021 14:44:41
User entered 'No (N)'	(b) (4), (b) (6)	16 Aug 2020 16:19:15

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:15 Was this a Solicited Adverse Reaction?

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:55:45
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:07
User signature succeeded.	Frank Eder (b) (4)	14 Mar 2021 14:44:41
User entered 'No (N)'	(b) (4) (b) (4), (b) (6)	16 Aug 2020 16:19:15

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:15

Is this event a confirmed diagnosis of Symptomatic Covid-19?

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:55:46
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:07
User signature succeeded.	Frank Eder (b) (4) (b) (4)	14 Mar 2021 14:44:41
User closed query 'Per CDM: Response is required. Please provide.' (Site from DM).	(b) (4), (b) (6)	21 Oct 2020 05:02:10
Query 'Per CDM: Response is required. Please provide.' answered with 'DATA UPDATED' (Site from DM).	Tammy Kohn (b) (4) (b) (4)	15 Oct 2020 21:11:00
User entered 'No (N)'	Tammy Kohn (b) (4) (b) (4)	15 Oct 2020 21:10:52
User opened query 'Per CDM: Response is required. Please provide.' (Site from DM).		13 Oct 2020 12:36:11
Amendment Manager inserted this DataPoint.	System	21 Aug 2020 03:08:07

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:15

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:55:48
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:07
User signature succeeded.	Frank Eder (b) (4)	14 Mar 2021 14:44:41
User entered '13 Aug 2020'	(b) (4) (b) (4), (b) (6)	16 Aug 2020 16:19:15

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:15

Start time (00:00-23:59)

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:55:50
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:07
User signature succeeded.	Frank Eder (b) (4) (b) (4)	14 Mar 2021 14:44:41
User entered empty.	(b) (4), (b) (6)	16 Aug 2020 16:19:15

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:15

AE start date and time (derived)

Audit	User	Time (GMT)
User entered empty.	System	16 Aug 2020 16:19:15

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:15

Ongoing?

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:55:52
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:07
User signature succeeded.	Frank Eder (b) (4) (b) (4)	14 Mar 2021 14:44:41
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. ' (Site from DM).	(b) (4), (b) (6)	01 Dec 2020 09:19:32
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. 'answered with 'DATA UPDATED' (Site from DM)	(b) (4)	30 Nov 2020 19:34:58
User entered 'No (N)' reason for change: Data Entry Error	(b) (4)	30 Nov 2020 19:34:49
User opened 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. ' (Site from DM).	(b) (4), (b) (6)	29 Nov 2020 09:15:05
User entered 'Yes (Y)'	(b) (4), (b) (6)	16 Aug 2020 16:19:15

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:15
If not Ongoing, end date (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:55:54
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:07
User signature succeeded.	Frank Eder (b) (4) (b) (4)	14 Mar 2021 14:44:41
User entered '25 Aug 2020' reason for change: Data Entry Error		30 Nov 2020 19:34:49
User entered empty.	(b) (4), (b) (6)	16 Aug 2020 16:19:15

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:15

End time (00:00-23:59)

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:55:55
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:07
User signature succeeded.	Frank Eder (b) (4) (b) (4)	14 Mar 2021 14:44:41
User entered empty.	(b) (4), (b) (6)	16 Aug 2020 16:19:15

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:15

AE End Date and Time (derived)

Audit	User	Time (GMT)
User entered empty.	System	16 Aug 2020 16:19:15

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:15

Severity

Audit	User	Time (GMT)
User signature succeeded.	Frank Eder (b) (4) (b) (4)	15 Apr 2021 00:04:16
User closed query 'Per source this is listed as Grade / Moderate. Please clarify and update accordingly. Thank you. ' (Site from CRA).		12 Apr 2021 16:55:58
Query 'Per source this is listed as Grade 2 / Moderate Please clarify and update accordingly. Thank you.' answered with 'UPDATED' (Site from CRA).	e.Tammy Kohn (b) (4) (b) (4)	12 Apr 2021 16:54:14
DataPoint Un-verified.	Tammy Kohn (b) (4) (b) (4)	12 Apr 2021 16:54:09
Signature has been broken.	Tammy Kohn (b) (4) (b) (4)	12 Apr 2021 16:54:09
User entered 'Grade 2/Moderate (Grade 2/Moderate reason for change: Data Entry Error		12 Apr 2021 16:54:09
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:07
User opened query 'Per source this is listed as Grade 2 / Moderate. Please clarify and update accordingly. Thank you. ' (Site from CRA).		12 Apr 2021 16:29:55
User signature succeeded.	Frank Eder (b) (4) (b) (4)	14 Mar 2021 14:44:41
User entered 'Grade 1/Mild (Grade 1/Mild)'	(b) (4), (b) (6)	16 Aug 2020 16:19:15

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:15

Is the adverse event serious?

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:55:56
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:07
User signature succeeded.	Frank Eder (b) (4)	14 Mar 2021 14:44:41
User entered 'No (N)'	(b) (4) (b) (4), (b) (6)	16 Aug 2020 16:19:15

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:15

Death

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:55:59
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:07
User signature succeeded.	Frank Eder (b) (4)	14 Mar 2021 14:44:41
User entered '0'	(b) (4) (b) (4), (b) (6)	16 Aug 2020 16:19:15

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:15

Life threatening

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:56:01
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:07
User signature succeeded.	Frank Eder (b) (4)	14 Mar 2021 14:44:41
User entered '0'	(b) (4) (b) (4), (b) (6)	16 Aug 2020 16:19:15

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:15

Requires inpatient or prolongation of existing Hospitalization

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:56:02
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:07
User signature succeeded.	Frank Eder (b) (4)	14 Mar 2021 14:44:41
User entered '0'	(b) (4) (b) (4), (b) (6)	16 Aug 2020 16:19:15

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:15 Hospital Admission Date (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:56:04
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:07
User signature succeeded.	Frank Eder (b) (4) (b) (4)	14 Mar 2021 14:44:41
User entered empty.	(b) (4), (b) (6)	16 Aug 2020 16:19:15

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:15 Hospital Discharge Date (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:56:05
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:07
User signature succeeded.	Frank Eder (b) (4) (b) (4)	14 Mar 2021 14:44:41
User entered empty.	(b) (4), (b) (6)	16 Aug 2020 16:19:15

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:15

Admitted to ICU?

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:56:07
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:07
User signature succeeded.	Frank Eder (b) (4)	14 Mar 2021 14:44:41
User entered empty.	(b) (4) (b) (4), (b) (6)	16 Aug 2020 16:19:15

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:15

Number of Days in ICU

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:56:08
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:07
User signature succeeded.	Frank Eder (b) (4)	14 Mar 2021 14:44:41
User entered empty.	(b) (4) (b) (4), (b) (6)	16 Aug 2020 16:19:15

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:15

Persistent or significant disability or incapacity

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:56:09
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:07
User signature succeeded.	Frank Eder (b) (4)	14 Mar 2021 14:44:41
User entered '0'	(b) (4) (b) (4), (b) (6)	16 Aug 2020 16:19:15

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:15 Congenital anomaly or birth defect

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:56:11
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:07
User signature succeeded.	Frank Eder (b) (4)	14 Mar 2021 14:44:41
User entered '0'	(b) (4) (b) (4), (b) (6)	16 Aug 2020 16:19:15

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:15

Other medically important event

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:56:12
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:07
User signature succeeded.	Frank Eder (b) (4)	14 Mar 2021 14:44:41
User entered '0'	(b) (4) (b) (4), (b) (6)	16 Aug 2020 16:19:15

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:15 Relationship to investigational product

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:56:13
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:07
User signature succeeded.	Frank Eder (b) (4) (b) (4)	14 Mar 2021 14:44:41
User closed query 'Data is required. Please complete.' (Site from System).	System	16 Aug 2020 16:19:46
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	16 Aug 2020 16:19:46
User entered 'Not Related (NOT RELATED)' reason for change: Data Entry Error	(b) (4), (b) (6)	16 Aug 2020 16:19:46
User opened query 'Data is required. Please complete.' (Site from System).	System	16 Aug 2020 16:19:15
User entered empty.	(b) (4), (b) (6)	16 Aug 2020 16:19:15

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:15

Relationship to Study Procedure

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:56:15
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:07
User signature succeeded.	Frank Eder (b) (4) (b) (4)	14 Mar 2021 14:44:41
User closed query 'Data is required. Please complete.' (Site from System).	System	16 Aug 2020 16:19:46
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	16 Aug 2020 16:19:46
User entered 'Not Related (NOT RELATED)' reason for change: Data Entry Error	(b) (4), (b) (6)	16 Aug 2020 16:19:46
User opened query 'Data is required. Please complete.' (Site from System).	System	16 Aug 2020 16:19:15
User entered empty.	(b) (4), (b) (6)	16 Aug 2020 16:19:15

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:15
Action taken with investigational product

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:56:16
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:07
User signature succeeded.	Frank Eder (b) (4) (b) (4)	14 Mar 2021 14:44:41
User entered 'Investigational Product Withdrawn (WITHDRAWN)' reason for change: Per Query Resolution	Jennifer Molstead (b) (4) (b) (4)	23 Nov 2020 20:58:36
Query 'Per CDM: Per this form the AE is recorded as reason for dose discontinuation; however action taken with investigational product is not recorded as IP withdrawn. Please review and reconcile.' canceled (Site from DM).		20 Nov 2020 17:36:42
User opened query 'Per CDM: Per this form the AE is recorded as reason for dose discontinuation; however action taken with investigational product is not recorded as IP withdrawn. Please review and reconcile.' (Site from DM).		20 Nov 2020 17:36:13
User closed query 'Data is required. Please complete.' (Site from System).	System	16 Aug 2020 16:19:46
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	16 Aug 2020 16:19:46
User entered 'None (NONE)' reason for change: Data Entry Error	(b) (4), (b) (6)	16 Aug 2020 16:19:46
User opened query 'Data is required. Please complete.' (Site from System).	System	16 Aug 2020 16:19:15
User entered empty.	(b) (4), (b) (6)	16 Aug 2020 16:19:15

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:15

None

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:56:18
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:07
User signature succeeded.	Frank Eder (b) (4) (b) (4)	14 Mar 2021 14:44:41
User entered '0'	(b) (4), (b) (6)	16 Aug 2020 16:19:15

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:15

Concomitant Medication

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:56:19
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:07
User signature succeeded.	Frank Eder (b) (4)	14 Mar 2021 14:44:41
User entered '1'	(b) (4) (b) (4), (b) (6)	16 Aug 2020 16:19:15

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:15

Concomitant Procedure

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:56:20
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:07
User signature succeeded.	Frank Eder (b) (4) (b) (4)	14 Mar 2021 14:44:41
User entered '0'	(b) (4), (b) (6)	16 Aug 2020 16:19:15

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:15

Outcome

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:56:22
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:07
User signature succeeded.	Frank Eder (b) (4) (b) (4)	14 Mar 2021 14:44:41
User entered 'Recovered/Resolved (RECOVERED/RESOLVED)' reason for change: Data Entry Error	Tammy Kohn (b) (4) (b) (4)	30 Nov 2020 19:34:49
User entered 'Not Recovered/Not Resolved (NOT RECOVERED/NOT RESOLVED)'	(b) (4), (b) (6)	16 Aug 2020 16:19:15

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:15

If outcome is Recovered/Resolved with Sequelae, please specify the sequelae:

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:56:23
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:07
User signature succeeded.	Frank Eder (b) (4)	14 Mar 2021 14:44:41
User entered empty.	(b) (4) (b) (4), (b) (6)	16 Aug 2020 16:19:15

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:15

Narrative

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:56:24
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:07
User signature succeeded.	Frank Eder (b) (4)	14 Mar 2021 14:44:41
User entered empty.	(b) (4) (b) (4), (b) (6)	16 Aug 2020 16:19:15

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:15

Serious Adverse Event Derived (CSA Programming Field Ony)

Audit	User	Time (GMT)
Amendment Manager: User entered '0'	System	21 Aug 2020 03:08:09
Amendment Manager inserted this DataPoint.	System	21 Aug 2020 03:08:07

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:15

Medically Attended AE Derived (CSA Programming Field Only)

Audit	User	Time (GMT)
Amendment Manager: User entered '0'	System	21 Aug 2020 03:08:09
Amendment Manager inserted this DataPoint.	System	21 Aug 2020 03:08:07

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:15

Admitted to ICU Derived (CSA Programming Field Only)

Audit	User	Time (GMT)
Amendment Manager inserted this DataPoint.	System	21 Aug 2020 03:08:07

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination Summary

Generated On: 11 Aug 2021 22:35:15

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	03 May 2021 13:01:00
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:55:35
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:20
User signature succeeded.	Frank Eder (b) (4)	08 Apr 2021 23:36:48
User entered 'Yes (Y)' reason for change: New Information	(b) (4) (b) (4), (b) (6)	16 Aug 2020 16:30:31
User entered 'No (N)'	Tarin Gordon (b) (4) (b) (4)	09 Aug 2020 12:55:18

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

Generated On: 11 Aug 2021 22:35:15

Name of Medication

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:54:11
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4)	08 Apr 2021 23:36:48
User coded data point as ATC: ANTIINFECTIVES FOR SYSTEMIC USE, ATC: ANTIVIRALS FOR SYSTEMIC USE, ATC: DIRECT ACTING ANTIVIRALS, ATC: NUCLEOSIDES AND NUCLEOTIDES EXCL. REVERSE TRANSCRIPTASE INHIBITORS, PRODUCT: VALACICLOVIR HYDROCHLORIDE, PRODUCTSYNONYM: VALTREX - version WHODrug-Global-B3\\202003.	(b) (4) Coder Import (b) (4)	16 Aug 2020 23:18:18
User coded data point as Term Coded data point by User: (b) (6) - version WHODrug-Global-B3\\202003.	Coder Import (b) (4)	16 Aug 2020 23:18:18
Data point term sent to Coder User entered 'VALTREX (VALCYCLOVIR)'	System (b) (4), (b) (6)	16 Aug 2020 16:31:20 16 Aug 2020 16:31:10

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

Generated On: 11 Aug 2021 22:35:15

Prophylaxis

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:54:12
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User entered 'No (N)'	(b) (4), (b) (6)	16 Aug 2020 16:31:10

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

Generated On: 11 Aug 2021 22:35:15

Indication

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:54:14
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User entered 'HERPES SIMPLEX'	(b) (4), (b) (6)	16 Aug 2020 16:31:10

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

Generated On: 11 Aug 2021 22:35:15

Dose per administration

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:54:16
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User entered '500'	(b) (4), (b) (6)	16 Aug 2020 16:31:10

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

Generated On: 11 Aug 2021 22:35:15

Dose unit

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:54:18
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4)	08 Apr 2021 23:36:48
User entered 'mg (mg)'	(b) (4) (b) (4), (b) (6)	16 Aug 2020 16:31:10

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

Generated On: 11 Aug 2021 22:35:15

If dose unit is Other, specify

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:54:21
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4)	08 Apr 2021 23:36:48
User entered empty.	(b) (4) (b) (4), (b) (6)	16 Aug 2020 16:31:10

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

Generated On: 11 Aug 2021 22:35:15

Frequency

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:54:23
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User entered 'once daily (QD)'	(b) (4), (b) (6)	16 Aug 2020 16:31:10

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

Generated On: 11 Aug 2021 22:35:15

If frequency is Other, specify

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:54:26
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4)	08 Apr 2021 23:36:48
User entered empty.	(b) (4) (b) (4), (b) (6)	16 Aug 2020 16:31:10

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

Generated On: 11 Aug 2021 22:35:15

Route of administration

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:54:28
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User entered 'Oral (ORAL)'	(b) (4), (b) (6)	16 Aug 2020 16:31:10

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

Generated On: 11 Aug 2021 22:35:15
If route of administration is Other, specify

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:54:29
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4)	08 Apr 2021 23:36:48
User entered empty.	(b) (4) (b) (4), (b) (6)	16 Aug 2020 16:31:10

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

Generated On: 11 Aug 2021 22:35:15

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:54:31
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User entered '13 Aug 2020'	(b) (4), (b) (6)	16 Aug 2020 16:31:10

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

Generated On: 11 Aug 2021 22:35:15

Start date completely unknown

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:54:32
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4)	08 Apr 2021 23:36:48
User entered '0'	(b) (4) (b) (4), (b) (6)	16 Aug 2020 16:31:10

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

Generated On: 11 Aug 2021 22:35:15

Ongoing?

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:54:34
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User closed query 'Per DM CLR: Please review if a stop date should be recorded as the corresponding Al has resolved. If yes, please update CM stop date as applicable. Otherwise, provide clarification for continued use of medication.' (Site from DM).	(b) (4), (b) (6)	15 Jan 2021 10:31:35
Query 'Per DM CLR: Please review if a stop date should be recorded as the corresponding AE has resolved. If yes, please update CM stop date as applicable. Otherwise, provide clarification for continued use of medication.' answered with 'DATA UPDATED' (Site from DM).	Tammy Kohn (b) (4) (b) (4)	14 Jan 2021 14:29:12
User entered 'No (N)' reason for change: Data Entry Error	(b) (4)	14 Jan 2021 14:29:05
User opened query 'Per DM CLR: Please review if a stop date should be recorded as the corresponding Al has resolved. If yes, please update CM stop date as applicable. Otherwise, provide clarification for continued use of medication.' (Site from DM).	(b) (4), (b) (6)	13 Jan 2021 02:46:40
User entered 'Yes (Y)'	(b) (4), (b) (6)	16 Aug 2020 16:31:10

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

Generated On: 11 Aug 2021 22:35:15
If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:54:36
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User entered '28 Aug 2020' reason for change: Data Entry Error	() ()	14 Jan 2021 14:29:05
User entered empty.	(b) (4), (b) (6)	16 Aug 2020 16:31:10

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

Generated On: 11 Aug 2021 22:35:15

Was this medication taken for solicited event?

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:54:37
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User entered 'No (N)'	(b) (4), (b) (6)	16 Aug 2020 16:31:10

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

Generated On: 11 Aug 2021 22:35:15 Separate Dosage Number (derived)

Audit	User	Time (GMT)
User entered '1'	System	16 Aug 2020 16:31:10

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

Generated On: 11 Aug 2021 22:35:15 Interval Dosage Unit Number (derived)

Audit	User	Time (GMT)
User entered '1'	System	16 Aug 2020 16:31:10

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

Generated On: 11 Aug 2021 22:35:15 Interval Dosage Definition (derived)

Audit	User	Time (GMT)
User entered '804 (804)'	System	16 Aug 2020 16:31:10

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

Generated On: 11 Aug 2021 22:35:15

Name of Medication

Audit	User	Time (GMT)
Data hard locked.		01 May 2021 14:52:25
Data Hard focked.	(b) (4), (b) (6)	01 Way 2021 14.32.23
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:54:43
	(1) (4) (1) (0)	10 1 0001 1 00 10
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4)	08 Apr 2021 23:36:48
č	(b) (1)	1
User coded data point as ATC:	Coder Import (b) (4)	17 Nov 2020 14:23:48
MUSCULO-SKELETAL SYSTEM, ATC:	(b) (4)	
ANTIINFLAMMATORY AND ANTIRHEUMATION		
PRODUCTS, ATC: ANTIINFLAMMATORY AND)	
ANTIRHEUMATIC PRODUCTS,		
NON-STEROIDS, ATC: PROPIONIC ACID		
DERIVATIVES, PRODUCT: IBUPROFEN -		
version WHODrug-Global-B3\\202003.	Coder Import (b) (4)	17 Nov. 2020 14.22.49
User coded data point as Term Coded data point by User: Coder System - version	Coder Import (b) (4) (b) (4)	17 Nov 2020 14:23:48
WHODrug-Global-B3\\202003.	(b) (4)	
Data point term sent to Coder	System	17 Nov 2020 14:22:33
Coding entries removed.	Tammy Kohn (b) (4)	17 Nov 2020 14:22:53
Coding charles removed.	(b) (4)	1, 1,0, 2020 121.0 .
User coded data point as ATC:	Coder Import (b) (4)	02 Oct 2020 20:53:51
MUSCULO-SKELETAL SYSTEM, ATC:	(b) (4)	
ANTIINFLAMMATORY AND ANTIRHEUMATIC	C	
PRODUCTS, ATC: ANTIINFLAMMATORY AND)	
ANTIRHEUMATIC PRODUCTS,		
NON-STEROIDS, ATC: PROPIONIC ACID		
DERIVATIVES, PRODUCT: IBUPROFEN -		
version WHODrug-Global-B3\\202003.	(b) (4)	02.0 . 2020.20.52.51
User coded data point as Term Coded data point by	Coder Import (b) (4)	02 Oct 2020 20:53:51
User: Coder System - version	(b) (4)	
WHODrug-Global-B3\\202003.	Creator	02 Oct 2020 20:53:12
Data point term sent to Coder User entered 'IBUPROFEN'	System Tammy Kohn (b) (4)	02 Oct 2020 20:53:12 02 Oct 2020 20:52:15
OSCI CHICICU IDUI KOTEN	(b) (4)	04 OCI 2020 20.32.13
	(D) (T)	

PRODUCTION RELEASE (v12.003 EAB) (1725)

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

Generated On: 11 Aug 2021 22:35:15

Prophylaxis

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 14:52:25
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:54:46
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User entered 'No (N)'	Tammy Kohn (b) (4) (b) (4)	02 Oct 2020 20:52:15

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

Generated On: 11 Aug 2021 22:35:15

Indication

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 14:52:25
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:54:48
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User closed query 'Per DM CLR: Please update the condition to include the type and/or location of Pain (arms, legs, generalized, injection site pain etc.). Review and update Indication and ensure to reconcil with AE/MH entries so there is an appropriate match (Site from DM).	(b) (4), (b) (6)	23 Nov 2020 06:28:49
Query 'Per DM CLR: Please update the condition to include the type and/or location of Pain (arms, legs, generalized, injection site pain etc.). Review and update Indication and ensure to reconcile with AE/MH entries so there is an appropriate match.' answered with 'DATA UPDATED. NO AE TO REPORT AS THIS WAS WITHIN THE 7 DAYS OF THE INJECTION' (Site from DM).	Tammy Kohn (b) (4) (b) (4)	17 Nov 2020 14:22:51
User entered 'PAIN AT INJECTION SITE' reason for change: Data Entry Error	Tammy Kohn (b) (4) (b) (4)	17 Nov 2020 14:21:54
User opened query 'Per DM CLR: Please update the condition to include the type and/or location of Pain (arms, legs, generalized, injection site pain etc.). Review and update Indication and ensure to reconcil with AE/MH entries so there is an appropriate match (Site from DM).	le n.'	16 Nov 2020 07:59:16
User entered 'PAIN'	Tammy Kohn (b) (4) (b) (4)	02 Oct 2020 20:52:15

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

Generated On: 11 Aug 2021 22:35:15

Dose per administration

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 14:52:25
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:54:49
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User closed query 'Per DM CLR: Please review the dose recorded as this is not the standard dose for this medication. Please correct the dosage or provide explanation for alternate dosage.' (Site from DM).	(b) (4), (b) (6)	23 Nov 2020 06:28:17
User entered '200' reason for change: Data Entry Error	Tammy Kohn (b) (4) (b) (4)	17 Nov 2020 16:10:24
Query 'Per DM CLR: Please review the dose recorded as this is not the standard dose for this medication. Please correct the dosage or provide explanation for alternate dosage.' answered with 'DATA UPDATED' (Site from DM).	Tammy Kohn (b) (4) (b) (4)	17 Nov 2020 14:23:30
User entered '400' reason for change: Data Entry Error	Tammy Kohn (b) (4) (b) (4)	17 Nov 2020 14:23:22
User opened query 'Per DM CLR: Please review the dose recorded as this is not the standard dose for this medication. Please correct the dosage or provide explanation for alternate dosage.' (Site from DM).	(b) (4), (b) (6)	16 Nov 2020 07:59:34
User entered '325'	Tammy Kohn (b) (4) (b) (4)	02 Oct 2020 20:52:15

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

Generated On: 11 Aug 2021 22:35:15

Dose unit

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 14:52:25
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:54:51
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User entered 'mg (mg)'	Tammy Kohn (b) (4) (b) (4)	02 Oct 2020 20:52:15

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

Generated On: 11 Aug 2021 22:35:15

If dose unit is Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 14:52:25
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:54:52
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User entered empty.	Tammy Kohn (b) (4) (b) (4)	02 Oct 2020 20:52:15

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

Generated On: 11 Aug 2021 22:35:15

Frequency

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 14:52:25
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:54:54
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User entered 'every month (QM)'	Tammy Kohn (b) (4) (b) (4)	02 Oct 2020 20:52:15

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

Generated On: 11 Aug 2021 22:35:15

If frequency is Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 14:52:25
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:54:56
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User entered empty.	Tammy Kohn (b) (4) (b) (4)	02 Oct 2020 20:52:15

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

Generated On: 11 Aug 2021 22:35:15

Route of administration

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 14:52:25
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:54:57
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User entered 'Oral (ORAL)'	Tammy Kohn (b) (4) (b) (4)	02 Oct 2020 20:52:15

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

Generated On: 11 Aug 2021 22:35:15
If route of administration is Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 14:52:25
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:54:59
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User entered empty.	Tammy Kohn (b) (4) (b) (4)	02 Oct 2020 20:52:15

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

Generated On: 11 Aug 2021 22:35:15

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 14:52:25
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:55:00
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User entered '09 Aug 2020' reason for change: Data Entry Error		02 Oct 2020 20:52:44
User entered '7 Aug 2020'	Tammy Kohn (b) (4) (b) (4)	02 Oct 2020 20:52:15

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

Generated On: 11 Aug 2021 22:35:15

Start date completely unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 14:52:25
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:55:01
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User entered '0'	Tammy Kohn (b) (4) (b) (4)	02 Oct 2020 20:52:15

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

Generated On: 11 Aug 2021 22:35:15

Ongoing?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 14:52:25
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:55:03
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User entered 'No (N)'	Tammy Kohn (b) (4) (b) (4)	02 Oct 2020 20:52:15

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

Generated On: 11 Aug 2021 22:35:15
If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 14:52:25
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:55:04
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User entered '9 Aug 2020'	Tammy Kohn (b) (4) (b) (4)	02 Oct 2020 20:52:15

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

Generated On: 11 Aug 2021 22:35:15

Was this medication taken for solicited event?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 14:52:25
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:55:05
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User closed query 'Per DM CLR: Was this medication taken for solicited event?' = No. However, this is one of the protocol identified Solicited Adverse Event that fits within reporting timeframe and entry in the diary was noted. Please review if the response in this field should reflect Solicited AE. Update as appropriate. Otherwise, provide clarification.' (Site from DM).	(b) (4), (b) (6)	08 Jan 2021 14:55:36
Query 'Per DM CLR: Was this medication taken for solicited event?' = No. However, this is one of the protocol identified Solicited Adverse Event that fits within reporting timeframe and entry in the diary wanoted. Please review if the response in this field should reflect Solicited AE. Update as appropriate. Otherwise, provide clarification.' answered with 'NO AE OR SAE AS THIS IS WITHIN THE 7 DAYS AFTER INJECTION' (Site from DM).		07 Jan 2021 21:32:58
User opened query 'Per DM CLR: Was this medication taken for solicited event?' = No. However, this is one of the protocol identified Solicited Adverse Event that fits within reporting timeframe and entry in the diary was noted. Please review if the response in this field should reflect Solicited AE. Update as appropriate. Otherwise, provide clarification.' (Site from DM).	(b) (4), (b) (6)	07 Jan 2021 14:22:58
User entered 'No (N)'	Tammy Kohn (b) (4) (b) (4)	02 Oct 2020 20:52:15

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

Generated On: 11 Aug 2021 22:35:15 Separate Dosage Number (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 14:52:25
User entered '1'	System	02 Oct 2020 20:52:15

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

Generated On: 11 Aug 2021 22:35:15 Interval Dosage Unit Number (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 14:52:25
User entered '1'	System	02 Oct 2020 20:52:15

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

Generated On: 11 Aug 2021 22:35:15 Interval Dosage Definition (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 14:52:25
User entered '802 (802)'	System	02 Oct 2020 20:52:15

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

Generated On: 11 Aug 2021 22:35:15

Name of Medication

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 14:52:28
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:55:08
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4)	08 Apr 2021 23:36:48
User coded data point as ATC: ANTIINFECTIVES FOR SYSTEMIC USE, ATC: VACCINES, ATC: BACTERIAL VACCINES, ATC: TETANUS VACCINES, PRODUCT: TETANUS VACCINE - version WHODrug-Global-B3\\202003.	(b) (4) Coder Import (b) (4)	08 Oct 2020 23:21:13
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	08 Oct 2020 23:21:13
Data point term sent to Coder	System	08 Oct 2020 16:03:23
User entered 'TETANUS VACCINE'	Traci Hull (b) (4) (b) (4)	08 Oct 2020 16:02:41

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

Generated On: 11 Aug 2021 22:35:15

Prophylaxis

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 14:52:28
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:55:09
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User entered 'Yes (Y)'	Traci Hull (b) (4) (b) (4)	08 Oct 2020 16:02:41

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

Generated On: 11 Aug 2021 22:35:15

Indication

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 14:52:28
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:55:11
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User entered 'TETANUS PREVENTION'	Traci Hull (b) (4) (b) (4)	08 Oct 2020 16:02:41

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

Generated On: 11 Aug 2021 22:35:15

Dose per administration

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 14:52:28
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:55:12
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User entered '0.5'	Traci Hull (b) (4) (b) (4)	08 Oct 2020 16:02:41

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

Generated On: 11 Aug 2021 22:35:15

Dose unit

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 14:52:28
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:55:13
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User entered 'mL (mL)'	Traci Hull (b) (4) (b) (4)	08 Oct 2020 16:02:41

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

Generated On: 11 Aug 2021 22:35:15

If dose unit is Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 14:52:28
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:55:15
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User entered empty.	Traci Hull (b) (4) (b) (4)	08 Oct 2020 16:02:41

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

Generated On: 11 Aug 2021 22:35:15

Frequency

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 14:52:28
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:55:16
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User entered 'once (ONCE)'	Traci Hull (b) (4) (b) (4)	08 Oct 2020 16:02:41

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

Generated On: 11 Aug 2021 22:35:15

If frequency is Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 14:52:28
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:55:18
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User entered empty.	Traci Hull (b) (4) (b) (4)	08 Oct 2020 16:02:41

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

Generated On: 11 Aug 2021 22:35:15

Route of administration

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 14:52:28
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:55:19
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User entered 'Intramuscular (INTRAMUSCULAR)'	Traci Hull (b) (4) (b) (4)	08 Oct 2020 16:02:41

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

Generated On: 11 Aug 2021 22:35:15
If route of administration is Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 14:52:28
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:55:20
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User entered empty.	Traci Hull (b) (4) (b) (4)	08 Oct 2020 16:02:41

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

Generated On: 11 Aug 2021 22:35:15

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 14:52:28
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:55:22
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User entered '25 Sep 2020'	Traci Hull (b) (4) (b) (4)	08 Oct 2020 16:02:41

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

Generated On: 11 Aug 2021 22:35:15

Start date completely unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 14:52:28
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:55:23
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User entered '0'	Traci Hull (b) (4) (b) (4)	08 Oct 2020 16:02:41

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

Generated On: 11 Aug 2021 22:35:15

Ongoing?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 14:52:28
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:55:24
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User entered 'No (N)'	Traci Hull (b) (4) (b) (4)	08 Oct 2020 16:02:41

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

Generated On: 11 Aug 2021 22:35:15
If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 14:52:28
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:55:26
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4)	08 Apr 2021 23:36:48
User entered '25 Sep 2020'	(b) (4) Traci Hull (b) (4) (b) (4)	08 Oct 2020 16:02:41

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

Generated On: 11 Aug 2021 22:35:15

Was this medication taken for solicited event?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 14:52:28
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:55:27
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:30:48
User signature succeeded.	Frank Eder (b) (4) (b) (4)	08 Apr 2021 23:36:48
User entered 'No (N)'	Traci Hull (b) (4) (b) (4)	08 Oct 2020 16:02:41

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

Generated On: 11 Aug 2021 22:35:15 Separate Dosage Number (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 14:52:28
User entered empty.	System	08 Oct 2020 16:02:41

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

Generated On: 11 Aug 2021 22:35:15 Interval Dosage Unit Number (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 14:52:28
User entered empty.	System	08 Oct 2020 16:02:41

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

Generated On: 11 Aug 2021 22:35:15 Interval Dosage Definition (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 14:52:28
User entered empty.	System	08 Oct 2020 16:02:41

Folder: Concomitant Procedures (1)
Form: Concomitant Procedures Summary
Generated On: 11 Aug 2021 22:35:15
Were any concomitant procedures performed?

Audit	User	Time (GMT)
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:54:02
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:34:57
User signature succeeded.	Frank Eder (b) (4)	08 Apr 2021 23:36:48
User entered 'No (N)'	(b) (4) Traci Hull (b) (4) (b) (4)	04 Sep 2020 15:23:17

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

Generated On: 11 Aug 2021 22:35:15

Date of dosing discontinuation (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 07:59:26
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:53:47
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:28:26
User entered '9 Sep 2020'	Jennifer Molstead (b) (4) (b) (4)	05 Oct 2020 19:31:55

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

Generated On: 11 Aug 2021 22:35:15
Primary reason for dosing discontinuation

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 07:59:26
User signature succeeded.	Frank Eder (b) (4) (b) (4)	26 Apr 2021 23:06:27
DataPoint Un-verified.	(b) (4), (b) (6)	12 Apr 2021 16:53:49
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:28:26
User closed query 'Per CDM: Per this form the AE is recorded as reason for dose discontinuation; however action taken with investigational product is not recorded as IP withdrawn. Please review and reconcile.' (Site from DM).		24 Nov 2020 05:09:30
Query 'Per CDM: Per this form the AE is recorded as reason for dose discontinuation; however action taken with investigational product is not recorded as IP withdrawn. Please review and reconcile.' answere with 'updated' (Site from DM).	(b) (4)	23 Nov 2020 20:58:54
User opened query 'Per CDM: Per this form the AE is recorded as reason for dose discontinuation; however action taken with investigational product is not recorded as IP withdrawn. Please review and reconcile.' (Site from DM).	. , . , . , . ,	20 Nov 2020 17:37:05
User entered 'AE (specify) (ADVERSE EVENT)'	Jennifer Molstead (b) (4) (b) (4)	05 Oct 2020 19:31:55

Folder: End of Study (1)
Form: Dosing Discontinuation
Generated On: 11 Aug 2021 22:35:15

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 07:59:26
User signature succeeded.	Frank Eder (b) (4)	26 Apr 2021 23:06:27
DataPoint Un-verified.	(b) (4) (b) (4), (b) (6)	12 Apr 2021 16:53:51
DataPoint Verified.	(b) (4), (b) (6)	12 Apr 2021 16:28:26
User closed query 'Per CDM: Thank you for entering the corresponding AE #; however, the additional text of 'Subject developed herpes simplex' is unnecessary and should be removed. We only need AE #1 recorded.' (Site from DM).		24 Nov 2020 05:09:32
Query 'Per CDM: Thank you for entering the corresponding AE #; however, the additional text of 'Subject developed herpes simplex' is unnecessary and should be removed. We only need AE #1 recorded.' answered with 'updated' (Site from DM).	Jennifer Molstead (b) (4) (b) (4)	
User entered 'AE #1' reason for change: Per Query Resolution	Jennifer Molstead (b) (4) (b) (4)	23 Nov 2020 20:59:08
User opened query 'Per CDM: Thank you for entering the corresponding AE #; however, the additional text of 'Subject developed herpes simplex' is unnecessary and should be removed. We only need AE #1 recorded.' (Site from DM).	(b) (4), (b) (6)	20 Nov 2020 17:44:22
User closed query 'Per CDM: please record AE record number (i.e. AE #1, etc.) instead of details' (Site from DM).	(b) (4), (b) (6)	20 Nov 2020 17:44:22
Query 'Per CDM: please record AE record number (i.e. AE #1, etc.) instead of details' answered with 'UPDATED' (Site from DM).	Traci Hull (b) (4) (b) (4)	18 Nov 2020 16:11:54
User entered 'SUBJECT DEVELOPED HERPES SIMPLEX - AE #1' reason for change: Per Query Resolution	Traci Hull (b) (4) (b) (4)	18 Nov 2020 16:11:47
User opened query 'Per CDM: please record AE record number (i.e. AE #1, etc.) instead of details' (Site from DM).	(b) (4), (b) (6)	18 Nov 2020 15:03:00
User entered 'Subject Developed Herpes Simplex'	Jennifer Molstead (b) (4) (b) (4)	05 Oct 2020 19:31:55

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