# US3342253 (Prod: Tekton Research- Austin)

Generated By: KC Joubran

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**Form: Participant Creation** 

Data signed: (b) (4) 29 Mar 2021 15:31:31

Generated On: 11 Aug 2021 22:35:20

Participant ID US3342253

mRNA-1273-P301 Completion Guidelines

Folder: Screening Form: Visit Date

Data signed: (b) (4) 29 Mar 2021 15:31:52

Was this visit performed?	Yes
	No
Visit date (dd MMM yyyy)	11 SEP 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) 29 Mar 2021 15:31:52

Date of Birth (MMM yyyy)	(b) (6) 1996
Age	24
Age Units	YEARS
Age (Derived)	24
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) 29 Mar 2021 15:31:52

Date of Informed Consent (dd MMM yyyy)	11 SEP 2020
Month and Year of Informed Consent (derived)	SEP 2020
Year of Informed Consent (derived)	2020
Protocol Version	Amendment 1
	Amendment 2
	Amendment 3
	Amendment 4
	Amendment 5
Was participant enrolled in the study?	Yes
	No
If No, indicate reason for screen fail	Withdrew Consent
	Inclusion/Exclusion
	Cohort Full
	Other
If reason for screen fail is Other, specify	
Was this participant screened previously?	Yes
	No
If Yes, previous participant number	
Enrollment Trigger	1

**Folder: Screening** 

Form: Inclusion/Exclusion Criteria Summary Data signed: (b) (4) 29 Mar 2021 15:31:52

Generated On: 11 Aug 2021 22:35:20

Did the participant meet all eligibility criteria?

Yes

No

**Folder: Screening** 

Form: Medical History Summary

Data signed: (b) (4) 29 Mar 2021 15:31:52

Generated On: 11 Aug 2021 22:35:20

Were any significant conditions reported?

Yes



**Folder: Screening** 

Form: Medical History (1)

Data signed: (b) (4) 29 Mar 2021 15:31:52

Condition	PLEURISY
Start date (dd MMM yyyy)	UN OCT 2019
Start date completely unknown	False
Condition ongoing at study entry	Yes No
If No, please specify the stop date (dd MMM yyyy)	<u> </u>
Stop date completely unknown	False
Start Month and Year (derived)	OCT 2019
Start Year (derived)	2019
Stop Month and Year (derived)	
Stop Year (derived)	

Folder: Screening Form: Vital Signs

Data signed: (b) (4) 29 Mar 2021 15:31:52

Were vital signs assessed?	Yes
	No
Date of assessment (dd MMM yyyy)	11 SEP 2020
Time of assessment (00:00-23:59)	15:54 (24 HR)
Vital Signs Date and Time (derived)	11 SEP 2020 15:54
Height (xxx.x)	180.0 cm
Weight (xxx.x)	85.8 kg
BMI (xxx.x)	26.48148 kg/m <sup>2</sup>
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) 29 Mar 2021 15:31:52

Generated On: 11 Aug 2021 22:35:20

Was the physical examination performed?

Yes No

Date of examination (dd MMM yyyy)

11 SEP 2020

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

Folder: Screening
Form: Risk of Exposure

Data signed: (b) (4) 29 Mar 2021 15:31:52

TT141	V
<b>Healthcare workers</b> (e.g., doctors, nurses, dentists, hospital support staff, morgue/mortuary workers)	Yes
starr, 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)	10 of 155

Folder: Screening Form: Risk of Exposure

Data signed: (b) (4) 29 Mar 2021 15:31:52

<b>Resides in Multi-family dwelling</b> (e.g., cohabitation in dwelling with > 5 people, includes grandparents living with children < 18yrs)	False
<b>Resides in high density housing</b> (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)	True
Resides in a single family home (i.e., detached housing)	False
Other	False
Specify	

Folder: Visit 1 Day 1 Form: Visit Date

Data signed: (b) (4) 12 Feb 2021 23:55:06

Was this visit performed?	Yes
	No
Visit date (dd MMM yyyy)	11 SEP 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) 12 Feb 2021 23:55:06

What was the date of randomization? (dd MMM yyyy)	11 SEP 2020
What was the participant's randomization number?	146309
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, idiopathic pulmonary fibrosis and cystic fibrosis, or moderate to severe asthma)	Yes No
Significant cardiac disease (eg, heart failure, coronary artery disease, congenital heart disease, cardiomyopathies, and pulmonary hypertension)	Yes No
Severe obesity (body mass index $>$ or $= 40 \text{kg/m}2$	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) 12 Feb 2021 23:55:06

Height	ND - Not Done
Weight	ND - Not Done

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Data signed: (b) (4) 12 Feb 2021 23:55:06

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)	11 SEP 2020
Time of assessment (00:00-23:59)	15:54 (24 HR)
Vital Signs Date and Time (derived)	11 SEP 2020 15:54
Temperature (xxx.x)	97.9 F
Route of measurement	Oral
	Axillary
	Other
If Other, specify	
Pulse (xxx)	71 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	14 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	127 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	72 mmHg
Diastolic Blood Pressure units	MMHG

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Data signed: (b) (4) 12 Feb 2021 23:55:06

Height	ND - Not Done
Weight	ND - Not Done
Timepoint	Pre-Dose
	Post-Dose
Were vital signs assessed?	Yes
	No
Date of assessment (dd MMM yyyy)	11 SEP 2020
Time of assessment (00:00-23:59)	17:26 (24 HR)
Vital Signs Date and Time (derived)	11 SEP 2020 17:26
Temperature (xxx.x)	97.7 F
Route of measurement	Oral
	Axillary
	Other
If Other, specify	
Pulse (xxx)	58 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	14 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	108 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	67 mmHg
Diastolic Blood Pressure units	MMHG

Folder: Visit 1 Day 1

Form: Physical Examination

Data signed: (b) (4) 12 Feb 2021 23:55:06

Generated On: 11 Aug 2021 22:35:20

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 1 Day 1 Form: Exposure

Data signed: (b) (4) 12 Feb 2021 23:55:06

Was study treatment given?	Yes
	No
If No, reason not given	Participant declined due to
,	Adverse Event
	Physician withheld dose due to
	Adverse Event
	Death
	Lost To Follow-Up
	Physician Decision
	Pregnancy
	Protocol Deviation
	Study Terminated by Sponsor
	Withdrawal of Consent by Participant
	Confirmed COVID-19
	Other
If reason is Physician Decision, Withdrawal of Consent by	
Participant, Protocol Deviation, or Other, specify	
What was the study treatment?	MRNA-1273 OR PLACEBO
What was the treatment date? (dd MMM yyyy)	11 SEP 2020
What was the treatment time? (00:00-23:59)	16:55 (24 HR)
Treatment Date and Time (derived)	11 SEP 2020 16:55
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) 12 Feb 2021 23:55:06

Was the sample collected?	Yes
	No
Collection date (dd MMM yyyy)	11 SEP 2020
Collection time (00:00-23:59)	16:45 (24 HR)
Collection date and time (derived)	11 SEP 2020 16:45

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab Data signed: (b) (4) 12 Feb 2021 23:55:06

Collection date (dd MMM yyyy)			11 SEP 2020
Lab Test	Was the sample collected?	Collection time (00:00 - 23:59)	Collection date and time (derived)
Nasopharyngeal Swab 1	Yes	16:46	11 SEP 2020 16:46
Nasopharyngeal Swab 2	No		

Folder: Visit 1 Day 1
Form: Continuing

Data signed: (b) (4) 12 Feb 2021 23:55:06

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 22:35:20

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	97.7 °F
Was any MEDICATION TAKEN today for pain or fever?	Yes
	No
Please confirm reason for pain or fever medication (may select more than one):	
PC Time Stamp	11 SEP 2020 17:31
PC Open Date & Time	11 SEP 2020 17:15
PC Close Date & Time	11 SEP 2020 19:45

Folder: Diary Dose 1 (1) Form: Temperature\_Day(1/2)

Generated On: 11 Aug 2021 22:35:20

#### **TIMEPOINT**

DAY 1, AFTER VACCINATION (AT HOME)

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

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

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

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

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

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

Was TEMPERATURE taken?	Yes
	No
Please record your TEMPERATURE in °F	97.1 °F
Was any MEDICATION TAKEN today for pain or fever?	Yes
	No
Please confirm reason for pain or fever medication (may select more than one):	
PC Time Stamp	11 SEP 2020 21:12
PC Open Date & Time	11 SEP 2020 20:40
PC Close Date & Time	12 SEP 2020 11:59

Folder: Diary Dose 1 (1) Form: Temperature\_Day(2)

Generated On: 11 Aug 2021 22:35:20

TIMEPOINT DAY 2

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

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

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

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

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

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

Was TEMPERATURE taken?	Yes
	No
Please record your TEMPERATURE in °F	98.0 °F
Was any MEDICATION TAKEN today for pain or fever?	Yes
	No
Please confirm reason for pain or fever medication (may select more than one):	
PC Time Stamp	12 SEP 2020 17:40
PC Open Date & Time	12 SEP 2020 12:00
PC Close Date & Time	13 SEP 2020 11:59

Folder: Diary Dose 1 (1)
Form: Temperature\_Day(3)

Generated On: 11 Aug 2021 22:35:20

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	96.5 °F
Was any MEDICATION TAKEN today for pain or fever?	Yes
	No
Please confirm reason for pain or fever medication (may select more than one):	
PC Time Stamp	13 SEP 2020 17:26
PC Open Date & Time	13 SEP 2020 12:00
PC Close Date & Time	14 SEP 2020 11:59

Folder: Diary Dose 1 (1) Form: Temperature\_Day(4)

Generated On: 11 Aug 2021 22:35:20

TIMEPOINT DAY 4

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

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

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

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

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

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

Was TEMPERATURE taken?	Yes
	No
Please record your TEMPERATURE in °F	96.8 °F
Was any MEDICATION TAKEN today for pain or fever?	Yes
	No
Please confirm reason for pain or fever medication (may select more than one):	
PC Time Stamp	14 SEP 2020 19:12
PC Open Date & Time	14 SEP 2020 12:00
PC Close Date & Time	15 SEP 2020 11:59

Folder: Diary Dose 1 (1)
Form: Temperature\_Day(5)

Generated On: 11 Aug 2021 22:35:20

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	97.1 °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	15 SEP 2020 19:26
PC Open Date & Time	15 SEP 2020 12:00
PC Close Date & Time	16 SEP 2020 11:59

Folder: Diary Dose 1 (1) Form: Temperature\_Day(6)

Generated On: 11 Aug 2021 22:35:20

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	97.4 °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	16 SEP 2020 18:44
PC Open Date & Time	16 SEP 2020 12:00
PC Close Date & Time	17 SEP 2020 11:59

Folder: Diary Dose 1 (1) Form: Temperature\_Day(7)

Generated On: 11 Aug 2021 22:35:20

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	96.3 °F
Was any MEDICATION TAKEN today for pain or fever?	Yes
	No
Please confirm reason for pain or fever medication (may select more than one):	
PC Time Stamp	17 SEP 2020 18:12
PC Open Date & Time	17 SEP 2020 12:00
PC Close Date & Time	18 SEP 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	11 SEP 2020 17:32
PC Open Date & Time	11 SEP 2020 17:15
PC Close Date & Time	11 SEP 2020 19:45

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 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. Please select one response below	Does not interfere with activity
	Repeated use of over-the-counter pain reliever > 24 hours or interferes with some activity
	Any use of prescription pain reliever or prevents daily activity
PC Time Stamp	11 SEP 2020 21:13
PC Open Date & Time	11 SEP 2020 20:40
PC Close Date & Time	12 SEP 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 <b>REDNESS AT INJECTION SITE</b> ?	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	12 SEP 2020 17:40
PC Open Date & Time	12 SEP 2020 12:00
PC Close Date & Time	13 SEP 2020 11:59

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(3)

TIMEPOINT	DAY 3
Please record - PAIN AT INJECTION SITE.	None
Please select one response below	Does not interfere with activity
	Repeated use of over-the-counter pain reliever > 24 hours or
	interferes with activity
	Any use of prescription pain reliever or prevents daily activity
Is there any REDNESS AT INJECTION SITE?	Yes
	No
Is there any SWELLING/HARDNESS AT INJECTION SITE?	Yes
	No
Please record - UNDERARM GLAND SWELLING OR	None
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 SEP 2020 17:26
PC Open Date & Time	13 SEP 2020 12:00
PC Close Date & Time	14 SEP 2020 11:59

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(4)

TIMEPOINT	DAY 4
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 None
TENDERNESS. Please select one response below	Does not interfere with activity
	Repeated use of over-the-counter pain reliever > 24 hours or
	interferes with some activity
	Any use of prescription pain reliever or prevents daily activity
PC Time Stamp	14 SEP 2020 19:12
PC Open Date & Time	14 SEP 2020 12:00
PC Close Date & Time	15 SEP 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
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 SEP 2020 19:26
PC Open Date & Time	15 SEP 2020 12:00
PC Close Date & Time	16 SEP 2020 11:59

Folder: Diary Dose 1 (1) Form: Injection Site\_Day(6)

TIMEPOINT	DAY 6
Please record - PAIN AT INJECTION SITE.	None
Please select one response below	Does not interfere with activity
	Repeated use of over-the-counter pain reliever > 24 hours or interferes with activity
	Any use of prescription pain
	reliever or prevents daily activity
Is there any REDNESS AT INJECTION SITE?	Yes
	No
Is there any SWELLING/HARDNESS AT INJECTION SITE?	Yes
	No
Please record - UNDERARM GLAND SWELLING OR	None
TENDERNESS.	Does not interfere with activity
Please select one response below	Repeated use of over-the-counter pain reliever > 24 hours or
	interferes with some activity
	Any use of prescription pain
	reliever or prevents daily activity
PC Time Stamp	16 SEP 2020 18:45
PC Open Date & Time	16 SEP 2020 12:00
PC Close Date & Time	17 SEP 2020 11:59

Folder: Diary Dose 1 (1) Form: Injection Site\_Day(7)

TIMEPOINT	DAY 7
Please record - PAIN AT INJECTION SITE.	None
Please select one response below	Does not interfere with activity
	Repeated use of over-the-counter pain reliever > 24 hours or interfered with activity
	interferes with activity Any use of prescription pain
	reliever or prevents daily activity
Is there any <b>REDNESS AT INJECTION SITE</b> ?	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	17 SEP 2020 18:11
PC Open Date & Time	17 SEP 2020 12:00
PC Close Date & Time	18 SEP 2020 11:59

Folder: Diary Dose 1 (1)
Form: General\_Day(1/1)

TIMEPOINT	DAY 1, 30 MINUTES AFTER
	VACCINATION (AT STUDY
	CLINIC)
HEADACHE	None None
	No interference with activity
	Repeated use of over-the-counter
	pain reliever > 24 hours or some
	interference with activity
	Any use of prescription pain reliever or prevents daily activity
EATIQUE	
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
PRODUCTION RELEASE (v12.003	20 0177
EAB) (1725)	38 of 1553

Folder: Diary Dose 1 (1)
Form: General\_Day(1/1)

Did you receive any <b>MEDICAL ATTENTION</b> (doctor visit, other) for any illness or symptoms?	No Yes
PC Time stamp	11 SEP 2020 17:33
PC Open Date & Time	11 SEP 2020 17:15
PC Close Date & Time	11 SEP 2020 19:45

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 None
	No interference with activity
	Some interference with activity
	Significant; prevents daily
	activity
JOINT ACHES IN SEVERAL JOINTS	None
	No interference with activity
	Some interference with activity
	Significant; prevents daily activity
NAUSEA/VOMITING	None
	No interference with activity or 1-2 episodes/24 hours
	Some interference with activity
	or >2 episodes/24 hours  Prevents daily activity, requires
	outpatient IV hydration
CHILLS	None
	No interference with activity
	Some interference with activity
	not requiring medical attention  Prevents daily activity and
	requires medical attention
PRODUCTION RELEASE (v12.003	40 of 1553

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	11 SEP 2020 21:13
PC Open Date & Time	11 SEP 2020 20:40
PC Close Date & Time	12 SEP 2020 11:59

Folder: Diary Dose 1 (1)
Form: General\_Day(2)

TIMEPOINT	DAY 2
HEADACHE	None
	No interference with activity
	Repeated use of over-the-counter
	pain reliever > 24 hours or some
	interference with activity Any use of prescription pain
	reliever or prevents daily activity
FATIGUE	None
	No interference with activity
	Some interference with activity
	Significant; prevents daily activity
MUSCLE ACHES ALL OVER BODY	None
	No interference with activity
	Some interference with activity
	Significant; prevents daily activity
JOINT ACHES IN SEVERAL JOINTS	None
	No interference with activity
	Some interference with activity
	Significant; prevents daily activity
NAUSEA/VOMITING	None
	No interference with activity or 1-2 episodes/24 hours
	Some interference with activity
	or >2 episodes/24 hours  Prevents daily activity, requires
	outpatient IV hydration
CHILLS	None
	No interference with activity
	Some interference with activity
	not requiring medical attention
	Prevents daily activity and requires medical attention
Did you receive any MEDICAL ATTENTION (doctor visit,	No No
other) for any illness or symptoms?	
PRODUCTION RELEASE (v12.003 EAB) (1725)	42 of 1553

Folder: Diary Dose 1 (1)
Form: General\_Day(2)

	Yes
PC Time stamp	12 SEP 2020 17:41
PC Open Date & Time	12 SEP 2020 12:00
PC Close Date & Time	13 SEP 2020 11:59

Folder: Diary Dose 1 (1)
Form: General\_Day(3)

TIMEPOINT	DAY 3
HEADACHE	None None
	No interference with activity
	Repeated use of over-the-counter
	pain reliever > 24 hours or some
	interference with activity
	Any use of prescription pain reliever or prevents daily activity
FATIGUE	None None
	No interference with activity
	Some interference with activity
	Significant; prevents daily
	activity
MUSCLE ACHES ALL OVER BODY	None None
	No interference with activity
	Some interference with activity
	Significant; prevents daily
JOINT ACHES IN SEVERAL JOINTS	activity
JOINT ACHES IN SEVERAL JOINTS	None None
	No interference with activity
	Some interference with activity
	Significant; prevents daily activity
NAUSEA/VOMITING	None
	No interference with activity or 1-2 episodes/24 hours
	Some interference with activity
	or >2 episodes/24 hours
	Prevents daily activity, requires outpatient IV hydration
CHILLS	None
	No interference with activity
	Some interference with activity
	not requiring medical attention
	Prevents daily activity and requires medical attention
Did you receive any MEDICAL ATTENTION (doctor visit,	No No
other) for any illness or symptoms?	110
PRODUCTION RELEASE (v12.003	44 of 1553
EAB) (1725)	71 01 1333

Folder: Diary Dose 1 (1)
Form: General\_Day(3)

	Yes
PC Time stamp	13 SEP 2020 17:26
PC Open Date & Time	13 SEP 2020 12:00
PC Close Date & Time	14 SEP 2020 11:59

Folder: Diary Dose 1 (1)
Form: General\_Day(4)

TIMEPOINT	DAY 4
HEADACHE	None
	No interference with activity
	Repeated use of over-the-counter
	pain reliever > 24 hours or some
	interference with activity
	Any use of prescription pain reliever or prevents daily activity
FATIGUE	None 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 No
other) for any illness or symptoms?	110
PRODUCTION RELEASE (v12.003	46 of 1553
EAB) (1725)	

Folder: Diary Dose 1 (1)
Form: General\_Day(4)

	Yes
PC Time stamp	14 SEP 2020 19:12
PC Open Date & Time	14 SEP 2020 12:00
PC Close Date & Time	15 SEP 2020 11:59

Folder: Diary Dose 1 (1)
Form: General\_Day(5)

TIMEPOINT	DAY 5
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
JOHNI ACHES INSEVERAL JOHNIS	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 No
other) for any illness or symptoms?	110
PRODUCTION RELEASE (v12.003	48 of 1553
EAB) (1725)	

Folder: Diary Dose 1 (1)
Form: General\_Day(5)

	Yes
PC Time stamp	15 SEP 2020 19:27
PC Open Date & Time	15 SEP 2020 12:00
PC Close Date & Time	16 SEP 2020 11:59

Folder: Diary Dose 1 (1)
Form: General\_Day(6)

TIMEPOINT	DAY 6
HEADACHE	None
	No interference with activity
	Repeated use of over-the-counter
	pain reliever > 24 hours or some
	interference with activity
	Any use of prescription pain reliever or prevents daily activity
FATIGUE	None
	No interference with activity
	Some interference with activity
	Significant; prevents daily activity
MUSCLE ACHES ALL OVER BODY	None
	No interference with activity
	Some interference with activity
	Significant; prevents daily activity
JOINT ACHES IN SEVERAL JOINTS	None
	No interference with activity
	Some interference with activity
	Significant; prevents daily activity
NAUSEA/VOMITING	None
	No interference with activity or 1-2 episodes/24 hours
	Some interference with activity
	or >2 episodes/24 hours  Prevents daily activity, requires
	outpatient IV hydration
CHILLS	None
	No interference with activity
	Some interference with activity
	not requiring medical attention
	Prevents daily activity and requires medical attention
Did you receive any MEDICAL ATTENTION (doctor visit,	No No
other) for any illness or symptoms?	
PRODUCTION RELEASE (v12.003	50 of 1553
EAB) (1725)	20 31 1888

Folder: Diary Dose 1 (1)
Form: General\_Day(6)

	Yes
PC Time stamp	16 SEP 2020 18:44
PC Open Date & Time	16 SEP 2020 12:00
PC Close Date & Time	17 SEP 2020 11:59

Folder: Diary Dose 1 (1)
Form: General\_Day(7)

TIMEPOINT	DAY 7
HEADACHE	None
	No interference with activity
	Repeated use of over-the-counter
	pain reliever > 24 hours or some
	interference with activity
	Any use of prescription pain reliever or prevents daily activity
FATIGUE	None None
	No interference with activity
	Some interference with activity
	Significant; prevents daily
	activity
MUSCLE ACHES ALL OVER BODY	None
	No interference with activity
	Some interference with activity
	Significant; prevents daily
	activity
JOINT ACHES IN SEVERAL JOINTS	None
	No interference with activity
	Some interference with activity
	Significant; prevents daily
	activity
NAUSEA/VOMITING	None
	No interference with activity or 1-2 episodes/24 hours
	Some interference with activity
	or >2 episodes/24 hours
	Prevents daily activity, requires 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 <b>MEDICAL ATTENTION</b> (doctor visit, other) for any illness or symptoms?	No
PRODUCTION RELEASE (v12.003	52 of 1553
EAB) (1725)	32 01 1333

Folder: Diary Dose 1 (1)
Form: General\_Day(7)

	Yes
PC Time stamp	17 SEP 2020 18:12
PC Open Date & Time	17 SEP 2020 12:00
PC Close Date & Time	18 SEP 2020 11:59

Folder: Safety Call Day 8 (1)

Form: Safety Call

Data signed: (b) (4) 12 Feb 2021 23:55:06

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	18 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 8 (1)

**Form: Continuing** 

Data signed: (b) (4) 12 Feb 2021 23:55:06

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) 12 Feb 2021 23:55:06

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 15 (1)

**Form: Continuing** 

Data signed: (b) (4) 12 Feb 2021 23:55:06

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) 12 Feb 2021 23:55:06

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 22 (1)

**Form: Continuing** 

Data signed: (b) (4) 12 Feb 2021 23:55:06

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) 12 Feb 2021 23:55:06

Was this visit performed?	Yes
	No
Visit date (dd MMM yyyy)	13 OCT 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) 12 Feb 2021 23:55:06

Timepoint	Pre-Dose
	Post-Dose O
Were vital signs assessed?	Yes
	No
Date of assessment (dd MMM yyyy)	13 OCT 2020
Time of assessment (00:00-23:59)	09:25 (24 HR)
Vital Signs Date and Time (derived)	13 OCT 2020 09:25
Temperature (xxx.x)	97.9 F
Route of measurement	Oral
	Axillary
	Other
If Other, specify	
Pulse (xxx)	76 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	125 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	86 mmHg
Diastolic Blood Pressure units	MMHG

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

Data signed: (b) (4) 12 Feb 2021 23:55:06

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

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

Data signed: (b) (4) 12 Feb 2021 23:55:06

Generated On: 11 Aug 2021 22:35:20

Was the physical examination performed?

Yes No

Date of examination (dd MMM yyyy)

13 OCT 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: Exposure

Data signed: (b) (4) 12 Feb 2021 23:55:06

Was study treatment given?	Yes
	No
If No, reason not given	Participant declined due to
	Adverse Event
	Physician withheld dose due to
	Adverse Event
	Death
	Lost To Follow-Up
	Physician Decision
	Pregnancy
	Protocol Deviation
	Study Terminated by Sponsor
	Withdrawal of Consent by
	Participant
	Confirmed COVID-19
	Other
If reason is Physician Decision, Withdrawal of Consent by	
Participant, Protocol Deviation, or Other, specify	
What was the study treatment?	
What was the treatment date? (dd MMM yyyy)	
What was the treatment time? (00:00-23:59)	
Treatment Date and Time (derived)	
Which arm was used to give treatment?	Left Arm
	Right Arm
What was the frequency of the study treatment dosing?	
What was the route of administration for the study treatment?	

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Data signed: (b) (4) 12 Feb 2021 23:55:06

Was the sample collected?	Yes
	No
Collection date (dd MMM yyyy)	13 OCT 2020
Collection time (00:00-23:59)	10:09 (24 HR)
Collection date and time (derived)	13 OCT 2020 10:09

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab Data signed: (b) (4) 12 Feb 2021 23:55:06

Collection date (dd MMM yyyy)			13 OCT 2020
Lab Test	Was the sample collected?	Collection time (00:00 - 23:59)	Collection date and time (derived)
Nasopharyngeal Swab 1	Yes	10:11	13 OCT 2020 10:11
Nasopharyngeal Swab 2	No		

Folder: Visit 2 Day 29 (1)

**Form: Continuing** 

Data signed: (b) (4) 12 Feb 2021 23:55:06

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) 12 Feb 2021 23:55:06

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	22 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 36 (1)

Form: Continuing

Data signed: (b) (4) 12 Feb 2021 23:55:06

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) 12 Feb 2021 23:55:06

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	27 OCT 2020
Please select one status for the follow-up contact	Contact Made
	Contact Not Made
Comments	
If Contact Not Made, please provide Comments	

Folder: Safety Call Day 43 (1)

**Form: Continuing** 

Data signed: (b) (4) 12 Feb 2021 23:55:06

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) 12 Feb 2021 23:55:06

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	5 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 50 (1)

**Form: Continuing** 

Data signed: (b) (4) 12 Feb 2021 23:55:06

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) 12 Feb 2021 23:55:06

Was this visit performed?	Yes
	No
Visit date (dd MMM yyyy)	12 NOV 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) 12 Feb 2021 23:55:06

Were vital signs assessed?	Yes
	No
Date of assessment (dd MMM yyyy)	12 NOV 2020
Time of assessment (00:00-23:59)	13:41 (24 HR)
Vital Signs Date and Time (derived)	12 NOV 2020 13:41
Temperature (xxx.x)	98 F
Route of measurement	Oral
	Axillary
	Other
If Other, specify	
Pulse (xxx)	71 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	12 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	109 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	76 mmHg
Diastolic Blood Pressure units	MMHG
Height (derived)	
Weight (derived)	

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

Data signed: (b) (4) 12 Feb 2021 23:55:06

Generated On: 11 Aug 2021 22:35:20

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) 12 Feb 2021 23:55:06

Was the sample collected?	Yes
	No
Collection date (dd MMM yyyy)	12 NOV 2020
Collection time (00:00-23:59)	14:19 (24 HR)
Collection date and time (derived)	12 NOV 2020 14:19

Folder: Visit 3 Day 57 (1)

Form: Continuing

Data signed: (b) (4) 12 Feb 2021 23:55:06

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 22:35:20

Constitute Civ 11 11 g = 0-1 = 100 (2)	
TIMEPOINT	DAY 64
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are experiencing	ng (Check all that apply):
Date and time of submission	11 NOV 2020 04:12:32
Patient Cloud Open Date & Time	11 NOV 2020 00:01
Patient Cloud Close Date & Time	15 NOV 2020 23:59

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

TIMEPOINT	DAY 71
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last 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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Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 75
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are experienci	ing (Check all that apply):
Date and time of submission	22 NOV 2020 15:58:50
Patient Cloud Open Date & Time	22 NOV 2020 00:01
Patient Cloud Close Date & Time	26 NOV 2020 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 82
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No
completed this questionnaire of had contact with the study chinic?	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	ng (Check all that apply):
Date and time of submission	29 NOV 2020 07:08:14
Patient Cloud Open Date & Time	29 NOV 2020 00:01
Patient Cloud Close Date & Time	03 DEC 2020 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 89
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are experience	cing (Check all that apply):
Date and time of submission	06 DEC 2020 07:32:22
Patient Cloud Open Date & Time	06 DEC 2020 00:01
Patient Cloud Close Date & Time	10 DEC 2020 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 96
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are experience	cing (Check all that apply):
Date and time of submission	14 DEC 2020 06:49:06
Patient Cloud Open Date & Time	13 DEC 2020 00:01
Patient Cloud Close Date & Time	17 DEC 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 completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-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	21 DEC 2020 07:30:22
Patient Cloud Open Date & Time	20 DEC 2020 00:01
Patient Cloud Close Date & Time	24 DEC 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 experiencing	g (Check all that apply):
Date and time of submission	27 DEC 2020 15:25:48
Patient Cloud Open Date & Time	27 DEC 2020 00:01
Patient Cloud Close Date & Time	31 DEC 2020 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 117
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are experience	cing (Check all that apply):
Date and time of submission	04 JAN 2021 05:46:20
Patient Cloud Open Date & Time	03 JAN 2021 00:01
Patient Cloud Close Date & Time	07 JAN 2021 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 experiencing	(Check all that apply):
Date and time of submission	13 JAN 2021 10:50:21
Patient Cloud Open Date & Time	10 JAN 2021 00:01
Patient Cloud Close Date & Time	14 JAN 2021 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 experienci	ng (Check all that apply):
Date and time of submission	17 JAN 2021 12:27:16
Patient Cloud Open Date & Time	17 JAN 2021 00:01
Patient Cloud Close Date & Time	21 JAN 2021 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 experiencing	ng (Check all that apply):
Date and time of submission	24 JAN 2021 09:57:12
Patient Cloud Open Date & Time	24 JAN 2021 00:01
Patient Cloud Close Date & Time	28 JAN 2021 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 experienci	ing (Check all that apply):
Date and time of submission	01 FEB 2021 08:08:38
Patient Cloud Open Date & Time	31 JAN 2021 00:01
Patient Cloud Close Date & Time	04 FEB 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 152
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are experience	ing (Check all that apply):
Date and time of submission	08 FEB 2021 07:07:28
Patient Cloud Open Date & Time	07 FEB 2021 00:01
Patient Cloud Close Date & Time	11 FEB 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 experiencing	g (Check all that apply):
Date and time of submission	14 FEB 2021 06:57:26
Patient Cloud Open Date & Time	14 FEB 2021 00:01
Patient Cloud Close Date & Time	18 FEB 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 No Yes
Please identify below which symptoms you have experienced or are experiencing	ng (Check all that apply):
Date and time of submission	21 FEB 2021 12:53:52
Patient Cloud Open Date & Time	21 FEB 2021 00:01
Patient Cloud Close Date & Time	25 FEB 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 experiencing	g (Check all that apply):
Date and time of submission	28 FEB 2021 15:22:50
Patient Cloud Open Date & Time	28 FEB 2021 00:01
Patient Cloud Close Date & Time	04 MAR 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 completed this questionnaire or had contact with the study clinic?	No
	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	ng (Check all that apply):
Date and time of submission	07 MAR 2021 13:08:03
Patient Cloud Open Date & Time	07 MAR 2021 00:01
Patient Cloud Close Date & Time	11 MAR 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 187
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No No
Have you been exposed to someone with known SARS-CoV-2	Yes 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	ng (Check all that apply):
Date and time of submission	14 MAR 2021 12:51:35
Patient Cloud Open Date & Time	14 MAR 2021 00:01
Patient Cloud Close Date & Time	18 MAR 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 Yes
Have you been exposed to someone with known SARS-CoV-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 MAR 2021 19:35:29
Patient Cloud Open Date & Time	21 MAR 2021 00:01
Patient Cloud Close Date & Time	25 MAR 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 Yes
Please identify below which symptoms you have experienced or are experiencing	ng (Check all that apply):
Date and time of submission	28 MAR 2021 07:40:27
Patient Cloud Open Date & Time	28 MAR 2021 00:01
Patient Cloud Close Date & Time	01 APR 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 experiencing	g (Check all that apply):
Date and time of submission	04 APR 2021 10:31:07
Patient Cloud Open Date & Time	04 APR 2021 00:01
Patient Cloud Close Date & Time	08 APR 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 O	
Have you been exposed to someone with known SARS-CoV-2	Yes No	
infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	Yes	
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No Yes	
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):		
Have you had to contact a healthcare provider since the last time you	No	
completed this questionnaire or had contact with the study clinic?	Yes	
Date and time of submission	11 APR 2021 19:55:06	
Patient Cloud Open Date & Time	11 APR 2021 00:01	
Patient Cloud Close Date & Time	15 APR 2021 23:59	

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 222
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are experiencing	(Check all that apply):
Date and time of submission	20 APR 2021 12:00:31
Patient Cloud Open Date & Time	18 APR 2021 00:01
Patient Cloud Close Date & Time	22 APR 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 experienced	ing (Check all that apply):
Date and time of submission	26 APR 2021 10:48:47
Patient Cloud Open Date & Time	25 APR 2021 00:01
Patient Cloud Close Date & Time	29 APR 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	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	02 MAY 2021 20:44:20
Patient Cloud Open Date & Time	02 MAY 2021 00:01
Patient Cloud Close Date & Time	06 MAY 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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

106 of 1553

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 2021 00:01
Patient Cloud Close Date & Time	13 MAY 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Generated On. 11 Mag 2021 22:33:20	
TIMEPOINT	DAY 250
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 that you have read this message and understood that you must call your study clinic.	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 2021 00:01
Patient Cloud Close Date & Time	20 MAY 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Generated On. 11 Mag 2021 22:35:20	
TIMEPOINT	DAY 257
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	23 MAY 2021 00:01
Patient Cloud Close Date & Time	27 MAY 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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	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 exp	pariancing (Chack all that apply):
Fever (Temperature ≥ 100.4°F/38°C)	erichenig (Check an that appry).
Chills	
<del></del>	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss 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
	No
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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
completed this questionnance of had contact with the study crime:	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	neriencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}\text{F/38}^{\circ}\text{C}$ )	periencing (eneck an that appry).
Chills	
<u> </u>	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss 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 2021 00:01
Patient Cloud Close Date & Time	10 JUN 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?  Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately. Click below to confirm that you have read this message and 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.		
Have you been exposed to someone with 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?  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 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 clinic?  No  I confirm I have read this message and will call the study clinic immediately.  I confirm I have read this message and will call the study clinic immediately clinic immediately.	TIMEPOINT	DAY 278
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read this message and will call the study clinic immediately  I confirm I have read this message and will call the study clinic immediately.  No Yes  I confirm I have read this message and will call the study clinic immediately  I confirm I have read this message and will call the study clinic immediately.  No Yes  I confirm I have read this message and will call the study clinic immediately  I confirm I have read this message and will call the study clinic immediately.  No Yes  I confirm I have read this message and will call the study clinic immediately.  No Yes  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 understood that you must call your study clinic.  I confirm I have read this message and understood that you must call your study clinic.  No I confirm I have read this message and understood that you must call your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your 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 message and will call the study clinic immediately  No  Congestion  I confirm I have read this message and understood that you must call when the study clinic immediately  No  Completed this message and will call the study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately  No  Completed this message and understood that you must call your study clinic immediately  No  Completed this message and understood that you must call your study clinic immediately	completed this questionnaire or had contact with the study clinic?	Yes
questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  No  I confirm I have read this message and will call the study clinic?  No  I confirm I have read this message and will call the study clinic immediately. Please contact your study clinic immediately. Since the last time you completed this questionnairs or had contact with the study clinic?	Have you been exposed to someone with known SARS-CoV-2	No No
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomitting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and will call the study clinic?  I confirm I have read this message and will call the study clinic?  I confirm I have read this message and will call the study clinic?  I confirm I have read this message and will call the study clinic immediately. No completed this questionnairs or had contact with the study clinic?	•	Yes
that you have read this message and understood that you must call your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  No  Tonfirm I have read this message and will call the study clinic?  No  Colinic immediately  No  Colinic immediately	questionnaire or had contact with the study clinic?	
your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read this message and will call the study clinic immediately  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	· · · · · · · · · · · · · · · · · · ·	
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please 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?		•
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 questionnairs or had contact with the 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.  I confirm I have read 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?		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.  I confirm I have read this message and will call the study clinic immediately  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.  I confirm I have read this message and will call the study clinic immediately wour study clinic.  No  Compeleted this questionnairs or had contact with the study clinic?		
Chills Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read this message and will call the study clinic immediately thave you had to contact a healthcare provider since the last time you completed this questionnairs or had contact with the study clinic?		periencing (Check all that apply):
Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read this message and will call the study clinic immediately with the study clinic?  To offirm I have read this message and will call the study clinic immediately.  No completed this questionnaire or had contact with the study clinic?		
Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read this message and will call the study clinic immediately this questionnaire or had contact with the study clinic?  No  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.  Have you had to contact a healthcare provider since 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?	•	
your study clinic. clinic immediately  Have you had to contact a healthcare provider since the last time you  completed this questionnaire or had contact with the study clinic?		
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
	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 2021 00:01
Patient Cloud Close Date & Time	17 JUN 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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 285
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call who have read this message and will call the study clinic?  No  I confirm I have read this message and understood that you must call message and will call the study clinic immediately.		No
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 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	20 JUN 2021 00:01
Patient Cloud Close Date & Time	24 JUN 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

TIMEPOINT	DAY 299
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	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	I confirm I have read 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	04 JUL 2021 00:01
Patient Cloud Close Date & Time	08 JUL 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Generated On. 11 Mag 2021 22:33:20	
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	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 2021 00:01
Patient Cloud Close Date & Time	15 JUL 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

TIMEPOINT	DAY 313
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No
completed this questionnance of had contact with the study chine:	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 clinic immediately
your study clinic.  Have you experienced any new COVID-19 disease symptoms since	<u></u> _
the last time you completed this questionnaire or had contact with the	$N_0$
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$ )	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss 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 2021 00:01
Patient Cloud Close Date & Time	22 JUL 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

TIMEDOINT	DAY 220
TIMEPOINT	DAY 320
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No
completed this questionnaire of had contact with the study chine:	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	$^{\text{No}}\bigcirc$
the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}\text{F/38}^{\circ}\text{C}$ )	perionemig (encon un mai appriy).
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss 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 2021 00:01
Patient Cloud Close Date & Time	29 JUL 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Generated On. 11 Aug 2021 22.33.20	
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?	
Please contact your study 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	01 AUG 2021 00:01
Patient Cloud Close Date & Time	05 AUG 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

TIMEDOING	DAY 241
TIMEPOINT	DAY 341
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No
completed this questionnane of had contact with the study chine?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	$^{\text{No}}\bigcirc$
the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature ≥ 100.4°F/38°C)	perionemig (eneck air that appry).
Chills	
<u> </u>	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss 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 2021 00:01
Patient Cloud Close Date & Time	19 AUG 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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  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?  No  I confirm I have read this message and understood that you must call message and will call the study clinic immediately.		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 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?	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	29 AUG 2021 00:01
Patient Cloud Close Date & Time	02 SEP 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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		
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.  No  Completed this questionnaire or had contact with the study clinic?  Profirm 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.  Please contact 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?	TIMEPOINT	DAY 362
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call who have read this message and will call the study clinic?  No  I confirm I have read this message and understood that you must call message and will call the study clinic immediately.		No
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questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  No  I confirm I have read this message and will call the study clinic immediately  No  Order of the study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately  No  Order of the study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately		
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Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?  No  No  No  No  No  No  No  No  No  N		
Chills Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnairs or had contact with the study clinic?  No		periencing (Check all that apply):
Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnairs or had contact with the study clinic?  No		
Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read this message and will call the study clinic immediately  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Chills	
Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read this message and will call the study clinic immediately clinic immediately.  No completed this questionnaire or had contact with the study clinic?	Cough	
Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Shortness of breath	
Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this 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	
your study 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	05 SEP 2021 00:01
Patient Cloud Close Date & Time	09 SEP 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Generated On. 11 Mag 2021 22:35:20	
TIMEPOINT	DAY 369
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the	No
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$ )	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	12 SEP 2021 00:01
Patient Cloud Close Date & Time	16 SEP 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Generated On. 11 Mag 2021 22:35:20	
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	19 SEP 2021 00:01
Patient Cloud Close Date & Time	23 SEP 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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.  No completed this questionnaire or had contact with the study clinic?  I confirm I have read this message and will call the study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?  No completed this questionnaire or had contact with the study clinic?		
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Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call 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 understood that you must call your study clinic.  No  I confirm I have read this message and will call the study clinic immediately  No  Order of the study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately  No  Order of the study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately  No  Order of the study clinic immediately. Click below to confirm that you have read this guestionnaire or had contact with the study clinic?		
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Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  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?	· · · · · · · · · · · · · · · · · · ·	•
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 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	
your study clinic.  Have you had to contact a healthcare provider since the last time you  completed this questionnaire or had contact with the study clinic?		I confirm I have read this
Have you had to contact a healthcare provider since the last time you  completed this questionnaire or had contact with the study clinic?		•
completed this questionnaire or had contact with the study clinic?	your study clinic.	clinic immediately
completed this questionnaire or had contact with the study clinic?  Yes		No
	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 2021 00:01
Patient Cloud Close Date & Time	30 SEP 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Generated On. 11 Aug 2021 22.33.20	
TIMEPOINT	DAY 397
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study 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	10 OCT 2021 00:01
Patient Cloud Close Date & Time	14 OCT 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

9	
TIMEPOINT	DAY 404
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	ies
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$ )	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

6	
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	
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	24 OCT 2021 00:01
Patient Cloud Close Date & Time	28 OCT 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

TIMEPOINT	DAY 418
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	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	31 OCT 2021 00:01
Patient Cloud Close Date & Time	04 NOV 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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

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 NOV 2021 00:01
Patient Cloud Close Date & Time	18 NOV 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

TIMEPOINT	DAY 439
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No O
completed and questionnance of flad contact with the study crime.	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	$^{\mathrm{No}}\bigcirc$
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$ )	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	21 NOV 2021 00:01
Patient Cloud Close Date & Time	25 NOV 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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?	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 NOV 2021 00:01
Patient Cloud Close Date & Time	02 DEC 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

9	
TIMEPOINT	DAY 453
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	
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 DEC 2021 00:01
Patient Cloud Close Date & Time	09 DEC 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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	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	No C
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 DEC 2021 00:01
Patient Cloud Close Date & Time	16 DEC 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

TIMEPOINT	DAY 467
Have you had any changes in your health since the last time you	No C
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are 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	19 DEC 2021 00:01
Patient Cloud Close Date & Time	23 DEC 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

9	
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?	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	26 DEC 2021 00:01
Patient Cloud Close Date & Time	30 DEC 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

TIMEPOINT	DAY 481
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No
completed this questionnance of had contact with the study chine:	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	$^{\mathrm{No}}\bigcirc$
the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature ≥ 100.4°F/38°C)	perioneing (eneck air 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
The state of the s	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 JAN 2022 00:01
Patient Cloud Close Date & Time	06 JAN 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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	
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	16 JAN 2022 00:01
Patient Cloud Close Date & Time	20 JAN 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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
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 $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$ )  Chills  Cough  Shortness of breath
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 $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$ )  Chills  Cough  Shortness of breath
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 $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$ )  Chills  Cough  Shortness of breath
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 $\geq 100.4^{\circ}F/38^{\circ}C$ )  Chills  Cough  Shortness of breath
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 $\geq 100.4^{\circ}F/38^{\circ}C$ )  Chills  Cough  Shortness of breath
your study clinic. clinic immediately Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$ )  Chills  Cough Shortness of breath
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 $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$ )  Chills  Cough  Shortness of breath
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 $\geq 100.4^{\circ}F/38^{\circ}C$ )  Chills  Cough  Shortness of breath
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
Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$ )  Chills  Cough  Shortness of breath
Chills Cough Shortness of breath
Cough Shortness of breath
Shortness of breath
Difficulty breathing
Fatigue
Muscle aches
Body aches
Headache
New loss 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 have read 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?

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 JAN 2022 00:01
Patient Cloud Close Date & Time	27 JAN 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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?  No  I confirm I have read this message and understood that you must call message and will call the study clinic immediately.		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 Joseph Shortness of the study clinic immediately with the study clinic?  No 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  Clinic immediately  No  I confirm I have read this message and will call the study clinic immediately  No  Composition that you have read this message and understood that you must call your study clinic immediately  Have you had to contact a healthcare provider since the last time you completed this questionnairs or had contact with the study clinic?	Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?  No  Or completed this questionnaire or had contact with the study clinic?	· · · · · · · · · · · · · · · · · · ·	•
the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?  No  Operation  I confirm I have read this message and will call the study clinic immediately.  No  Operations  No  Operat	your study clinic.	clinic immediately
study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?  No	• • •	No
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?		Yes
Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?  No  No  No  No  No  No  No  No  No  N		
Chills Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnairs or had contact with the study clinic?  No		periencing (Check all that apply):
Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnairs or had contact with the study clinic?  No		
Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read this message and will call the study clinic immediately  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Chills	
Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read this message and will call the study clinic immediately clinic immediately.  No completed this questionnaire or had contact with the study clinic?	Cough	
Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Shortness of breath	
Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this 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?	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	30 JAN 2022 00:01
Patient Cloud Close Date & Time	03 FEB 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Generated On. 11 Mag 2021 22:35:20	
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 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 FEB 2022 00:01
Patient Cloud Close Date & Time	10 FEB 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

TIMEDOINT	DAY 520
TIMEPOINT	DAY 530
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No
completed this questionnaire of had contact with the study chine:	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	$^{\text{No}}\bigcirc$
the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}\text{F/38}^{\circ}\text{C}$ )	perionemig (encon un mai appriy).
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
<u>-</u>	
New loss 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 FEB 2022 00:01
Patient Cloud Close Date & Time	24 FEB 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	27 FEB 2022 00:01
Patient Cloud Close Date & Time	03 MAR 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Generated On. 11 Mag 2021 22:35:20	
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 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	06 MAR 2022 00:01
Patient Cloud Close Date & Time	10 MAR 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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 551
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call who have read this message and will call the study clinic?  No  I confirm I have read this message and understood that you must call message and will call the study clinic immediately.		No
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 Joseph Shortness of the study clinic immediately with the study clinic?  No 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  Clinic immediately  No  I confirm I have read this message and will call the study clinic immediately  No  Composition that you have read this message and understood that you must call your study clinic immediately  Have you had to contact a healthcare provider since the last time you completed this questionnairs or had contact with the study clinic?	Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?  No  Or completed this questionnaire or had contact with the study clinic?	· · · · · · · · · · · · · · · · · · ·	•
the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?  No  Operation  I confirm I have read this message and will call the study clinic immediately.  No  Operations  No  Operat	your study clinic.	clinic immediately
study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?  No	• • •	No
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?		Yes
Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?  No  No  No  No  No  No  No  No  No  N	•	
Chills Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnairs or had contact with the study clinic?  No		periencing (Check all that apply):
Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnairs or had contact with the study clinic?  No		
Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read this message and will call the study clinic immediately  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Chills	
Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read this message and will call the study clinic immediately clinic immediately.  No completed this questionnaire or had contact with the study clinic?	Cough	
Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Shortness of breath	
Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this 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?	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	13 MAR 2022 00:01
Patient Cloud Close Date & Time	17 MAR 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

TIMEPOINT	DAY 558
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	$\overline{}$
Please contact your study 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 exp	pariancing (Chack all that apply):
Fever (Temperature ≥ 100.4°F/38°C)	refrencing (Check all that appry).
Chills	
<del></del>	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss 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
	N. O
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?  Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately.  I confirm I have read this message and will call the study clinic immediately.  I confirm I have read this message and will call the study clinic immediately.  I confirm I have read this message and will call the study clinic immediately.  I confirm I have read this message and will call the study clinic immediately.		
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and will call the study clinic?  I confirm I have read this message and will call the study clinic?  I confirm I have read this message and will call the study clinic?  I confirm I have read this message and will call the study clinic immediately. Click below to confirm that you have read this message and 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 immediately. Please contact your study clinic immediately. Some please contact your study clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately.	TIMEPOINT	DAY 572
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply): Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  No  I confirm I have read this message and will call the study clinic immediately  I confirm I have read this message and will call the study clinic immediately  No  Completed this questionnairs or had contact with the study clinic?	Have you had any changes in your health since the last time you	No
infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read this message and understood that you must call your study clinic immediately clinic immediately clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and will call the study clinic?  I confirm I have read this message and will call the study clinic?  No  Completed this questionnairs or had contact with the study clinic?	completed this questionnaire or had contact with the study clinic?	Yes
questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read this message and will call the study clinic immediately  I confirm I have read this message and will call the study clinic immediately. No completed this questionnaire or had contact with the study clinic?	Have you been exposed to someone with known SARS-CoV-2	No
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	infection or COVID-19 disease since the last time you completed this	Yes
that you have read this message and understood that you must call your study clinic.  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 questionnairs or had contact with the study clinic?	<u> </u>	
your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  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	
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately  Have you had to contact a healthcare provider since the last time you completed this questionnairs or had contact with the study clinic?	•	•
the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read this message and will call the study clinic immediately  Have you had to contact a healthcare provider since the last time you  No provided this questionnaire or had contact with the 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.  I confirm I have read this message and will call the study clinic immediately  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 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 questionnairs or had contact with the study clinic?  No	· · · · · · · · · · · · · · · · · · ·	Yes
Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?		
Chills Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?		speriencing (Check all that apply):
Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this 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 questionnairs or had contact with the study clinic?		
Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read this message and will call the study clinic immediately that you have read this message and will call the study clinic immediately.  No completed this questionnaire or had contact with the study clinic?	Chills	
Difficulty breathing Fatigue  Muscle aches  Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message 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?	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?  No	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?  No	New loss of smell	
Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Sore throat	
Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Congestion	
Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Runny nose	
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Nausea	
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read this message and will call the study clinic immediately clinic immediately.  No completed this questionnaire or had contact with the study clinic?	Vomiting	
that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Diarrhea	
your study clinic.  Have you had to contact a healthcare provider since the last time you  completed this questionnaire or had contact with the study clinic?	Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
Have you had to contact a healthcare provider since the last time you  completed this questionnaire or had contact with the study clinic?		
completed this questionnaire or had contact with the study clinic?	your study clinic.	clinic immediately
completed this questionnaire or had contact with the study clinic?  Yes	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 APR 2022 00:01
Patient Cloud Close Date & Time	07 APR 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Generated On. 11 Mag 2021 22:35:20	
TIMEPOINT	DAY 579
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	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	10 APR 2022 00:01
Patient Cloud Close Date & Time	14 APR 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Generated On. 11 Mag 2021 22:35:20	
TIMEPOINT	DAY 586
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are 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	17 APR 2022 00:01
Patient Cloud Close Date & Time	21 APR 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Generated On. 11 Mag 2021 22:35:20	
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 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	08 MAY 2022 00:01
Patient Cloud Close Date & Time	12 MAY 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

that you have read this message and understood that you must call message and w	No Yes No Yes I have read this ill call the study nic 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 that you have read this message and understood that you must call your study clinic.  I confirm message and w your study clinic.	Yes No Yes I have read this ill call the study nic 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 that you have read this message and understood that you must call your study clinic.  I confirm message and w your study clinic.	No Yes No Yes No No Yes No Yes No 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.  I confirm message and w your study clinic.	Yes I have read this ill call the study nic immediately  No Yes
questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm message and w clinic c	I have read this ill call the study nic immediately
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call wour study clinic.  I confirm message and w clinic immediately. Click below to confirm that you have read this message and understood that you must call immessage and w clinic immediately.	ill call the study nic immediately  No Yes
that you have read this message and understood that you must call your study clinic. message and w	ill call the study nic immediately No Yes
your study clinic.	nic immediately  No Yes
	No Yes
Have you experienced any new COVID-19 disease symptoms since	Yes
the last time you completed this questionnaire or had contact with the study clinic?	
	111 41411.
Please identify below which symptoms you have experienced or are experiencing (Chec	K 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
	ill call the study
your study clinic.	nic 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 MAY 2022 00:01
Patient Cloud Close Date & Time	19 MAY 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Generated On. 11 Mag 2021 22:35:20	
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	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 MAY 2022 00:01
Patient Cloud Close Date & Time	26 MAY 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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

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 MAY 2022 00:01
Patient Cloud Close Date & Time	02 JUN 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

TIMEPOINT	DAY 635
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No
completed and questionnane of had contact with the study clime.	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call your study clinic.	message and will call the study clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No No
the last time you completed this questionnaire or had contact with the	$\cup$
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$ )	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss 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 JUN 2022 00:01
Patient Cloud Close Date & Time	09 JUN 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Generated On. 11 Mag 2021 22:35:20	
TIMEPOINT	DAY 642
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the	No
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$ )	Francis (control me new nFL-2).
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	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 JUN 2022 00:01
Patient Cloud Close Date & Time	16 JUN 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Generated On. 11 Mag 2021 22:35:20	
TIMEPOINT	DAY 649
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the	No
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$ )	Francis (control me 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	19 JUN 2022 00:01
Patient Cloud Close Date & Time	23 JUN 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Generated On: 11 Aug 2021 22:55:20	
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	No 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	26 JUN 2022 00:01
Patient Cloud Close Date & Time	30 JUN 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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 state  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm thay read this message and will call the study clinic immediately. Please contact your study clinic immediately. Click below to confirm thay no 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 thay no 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?  Please contact your study clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately.  Please contact your study clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately.		
thave you been exposed to someone with 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 will call the study clinic?  I confirm I have read this message and understood that you must call where read this message and will call the study clinic immediately clinic?	TIMEPOINT	DAY 663
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call wour study clinic.  I confirm I have read this message and will call the study clinic immediately  I confirm I have read this message and will call the study clinic immediately.  No  Order the study clinic immediately or provider since 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.  I confirm I have read this message and will call the study clinic immediately. Clinic immediately clinic immediately wou experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call wour study clinic.  I confirm I have read this message and will call the study clinic immediately clinic immediately.	completed this questionnaire or had contact with the study clinic?	Yes
infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read this message and will call the study clinic immediately. Clinic immediately clinic immediately wou experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call wour study clinic.  I confirm I have read this message and will call the study clinic immediately clinic immediately.	Have you been exposed to someone with known SARS-CoV-2	No
questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  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 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 power had contact a healthcare provider since the last time you completed this questionnairs or had contact with the study clinic?	questionnaire or had contact with the study clinic?	165
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 Joseph Shortness of Joseph Shortne	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?  No  Opension  I confirm I have read this message and will call the study clinic immediately.  Please contact your study clinic immediately.  No  Opension  I confirm I have read this message and will call the study clinic immediately.  Please contact your study clinic immediately.  No  Opension  Opension  I confirm I have read this message and will call the study clinic immediately.  Please contact your study clinic immediately.  No  Opension  Opension  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
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	•	
Chills Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study 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		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  Whave you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Chills	
Difficulty breathing Fatigue  Muscle aches  Body aches Headache New loss of taste  New loss of smell Sore throat Congestion Runny nose Nausea  Vomiting Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read this message and will call the study clinic immediately Have you had to contact a healthcare provider since 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?  No	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	03 JUL 2022 00:01
Patient Cloud Close Date & Time	07 JUL 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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	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	10 JUL 2022 00:01
Patient Cloud Close Date & Time	14 JUL 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Generated On. 11 Mag 2021 22:35:20	
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	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	17 JUL 2022 00:01
Patient Cloud Close Date & Time	21 JUL 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

TIMEPOINT	DAY 684
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the study clinic?	Yes
	Charle all that and a
Please identify below which symptoms you have experienced or are ex	rperiencing (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 JUL 2022 00:01
Patient Cloud Close Date & Time	28 JUL 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Generated On. 11 Mag 2021 22:35:20	
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	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 JUL 2022 00:01
Patient Cloud Close Date & Time	04 AUG 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

TIMEPOINT	DAY 698
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No O
completed and questionnane of had contact with the study crime.	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 clinic immediately
your study clinic.	<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	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}\text{F/38}^{\circ}\text{C}$ )	11 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
	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 AUG 2022 00:01
Patient Cloud Close Date & Time	11 AUG 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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  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.  T 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.  T 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 will call the study clinic immediately. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?  No provide 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?  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  Cough  I confirm I have read this message and understood that you must call message and will call the study clinic immediately.  I confirm I have read this message and will call the study clinic immediately.  Please contact 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?	TIMEPOINT	DAY 705
Have you been exposed to someone with 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 clinic immediately.  No  Order 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 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 immediately clinic?  No  I confirm I have read this message and will call the study 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 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 immediately clinic?  No  I confirm I have read this message and will call the study 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 wormstand this questionnaire or had contact with the study clinic immediately. Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  No  I confirm I have read this message and will call the study clinic immediately. No  Occupance of the last time you considered this questionnaire or had contact with the study clinic?  No  Occupants of the study clinic immediately. Please contact with the study clinic immediately clinic immediately.		
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)	•	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  I confirm I have read this message and will call the study clinic immediately  No  Composition that you have read this message and understood that you must call your study clinic immediately  Have you had to contact a healthcare provider since the last time you completed this questionnairs or had contact with the study clinic?	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?	· · · · · · · · · · · · · · · · · · ·	•
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 contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?  No  Possible Study clinic?	• • •	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.  I confirm I have read this message and will call the study clinic immediately. 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 questionnairs or had contact with the study clinic?	Chills	
Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read this message and will call the study clinic immediately clinic immediately.  No completed this questionnaire or had contact with the study clinic?	Cough	
Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Shortness of breath	
Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Difficulty breathing	
Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Fatigue	
Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Muscle aches	
New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Body aches	
New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Headache	
Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	New loss of taste	
Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	New loss of smell	
Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Sore throat	
Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Congestion	
Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Runny nose	
Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Nausea	
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Vomiting	
that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Diarrhea	
that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
your study clinic.  Have you had to contact a healthcare provider since the last time you  completed this questionnaire or had contact with the study clinic?		
completed this questionnaire or had contact with the study clinic?		clinic immediately
completed this questionnaire or had contact with the study clinic?		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 AUG 2022 00:01
Patient Cloud Close Date & Time	18 AUG 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Generated On. 11 Mag 2021 22:35:20	
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	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	21 AUG 2022 00:01
Patient Cloud Close Date & Time	25 AUG 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Generated On. 11 Mag 2021 22:35:20	
TIMEPOINT	DAY 719
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	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 AUG 2022 00:01
Patient Cloud Close Date & Time	01 SEP 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Generated On. 11 Mag 2021 22:35:20	
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 $\geq 100.4^{\circ}F/38^{\circ}C$ )	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	04 SEP 2022 00:01
Patient Cloud Close Date & Time	08 SEP 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

9	
TIMEPOINT	DAY 733
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	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	11 SEP 2022 00:01
Patient Cloud Close Date & Time	15 SEP 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Generated On. 11 Mag 2021 22:35:20	
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	18 SEP 2022 00:01
Patient Cloud Close Date & Time	22 SEP 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Generated On. 11 Mag 2021 22:35:20	
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 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 SEP 2022 00:01
Patient Cloud Close Date & Time	29 SEP 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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

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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	02 OCT 2022 00:01
Patient Cloud Close Date & Time	06 OCT 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Generated On. 11 Mag 2021 22:35:20	
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 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

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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	09 OCT 2022 00:01
Patient Cloud Close Date & Time	13 OCT 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Generated On. 11 Mag 2021 22:35:20	
TIMEPOINT	DAY 768
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since 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

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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	16 OCT 2022 00:01
Patient Cloud Close Date & Time	20 OCT 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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 app Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read to message and will call the study clinic?  I confirm I have read to message and will call the study clinic immediately 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.  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 app 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 understood that you must call message and will call the study clinic.  I confirm I have read to message and will call the 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.	TIMEPOINT	DAY 775
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read to 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?  Please identify below which symptoms you have experienced or are experiencing (Check all that app 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 to message and will call the study clinic?  I confirm I have read to 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 we sage and will call the study clinic.		No
infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read to message and will call the study clinic immediately. Click below to confirm that you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that app 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 to message and will call the study clinic?	completed this questionnaire or had contact with the study clinic?	Yes
questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read to message and will call the study clinic?  I confirm I have read to message and will call the study clinic immediately. Click below to confirm that you have 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 apprever (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 to message and will call the study clinic immediately clinic?	Have you been exposed to someone with known SARS-CoV-2	No 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 app 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 to message and will call the study clinic?  I confirm I have read to message and will call the study clinic?	•	Yes
that you have read this message and understood that you must call your study clinic.  Mave 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 app 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 to message and will call the study clinic?  Tonfirm I have read to message and will call the study clinic?	questionnaire or had contact with the study clinic?	
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 app 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 to message and will call the study clinic?  completed this questionnaire or had contact with the study clinic?		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 app Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you 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 app 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?		clinic immediately
study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that app 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 questionnairs or had contact with the study clinic?		No
Please identify below which symptoms you have experienced or are experiencing (Check all that app 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.  I confirm I have read to message and will call the study clinic immediately. I completed this questionnaire or had contact with the study clinic?		
Chills Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read to 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.  I confirm I have read to message and will call the study clinic immediately. Clinic immediately clinic immediately. Clinic immediately clinic immediately.		rperiencing (Check all that apply):
Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read to message and will call the study clinic immediately. I completed this questionnaire or had contact with the study clinic?		
Shortness of breath  Difficulty breathing Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read to message and will call the study clinic immediately. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	<u> </u>	
Difficulty breathing Fatigue  Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read to message and will call the study clinic immediately. Clinic immediat	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.  I confirm I have read to message and will call the study clinic immediately. Click below to confirm that you have read this message and vill call the study clinic immediately. 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.  I confirm I have read to message and will call the study clinic immediately. Clinic immediat	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 smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study 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.  I confirm I have read to message and will call the study clinic immediate.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Vomiting	
that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Diarrhea	
your study clinic. clinic immediate  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?		message and will call the study
completed this questionnaire or had contact with the study clinic?		clinic immediately
completed this questionnaire or had contact with the study clinic?		No
	completed this questionnaire or had contact with the study clinic?	Yes
	Have you had to contact a healthcare provider since the last time you	<u>\</u>

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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	23 OCT 2022 00:01
Patient Cloud Close Date & Time	27 OCT 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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	
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)

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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 OCT 2022 00:01
Patient Cloud Close Date & Time	03 NOV 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Generated On. 11 Mag 2021 22:35:20	
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

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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	06 NOV 2022 00:01
Patient Cloud Close Date & Time	10 NOV 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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	
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

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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	13 NOV 2022 00:01
Patient Cloud Close Date & Time	17 NOV 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		28 FEB 2021 15:23:06

Folder: Safety Call Day 85 (1)

Form: Safety Call

Data signed: (b) (4) 29 Mar 2021 15:31:31

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 85 (1)

**Form: Continuing** 

Data signed: (b) (4) 29 Mar 2021 15:31:31

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

Folder: Safety Call Day 119 (1)

Form: Safety Call

Data signed: (b) (4) 29 Mar 2021 15:31:31

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	11 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 119 (1)

**Form: Continuing** 

Data signed: (b) (4) 29 Mar 2021 15:31:31

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) 29 Mar 2021 15:31:31

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	08 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 149 (1)

**Form: Continuing** 

Data signed: (b) (4) 29 Mar 2021 15:31:31

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) 29 Mar 2021 15:31:31

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	09 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 Day 179 (1)

**Form: Continuing** 

Data signed: (b) (4) 29 Mar 2021 15:31:31

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) 12 Apr 2021 15:54:02

Was this visit performed?	Yes
	No
Visit date (dd MMM yyyy)	05 APR 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) 12 Apr 2021 15:54:02

Were vital signs assessed?	Yes
	No
Date of assessment (dd MMM yyyy)	05 APR 2021
Time of assessment (00:00-23:59)	09:31 (24 HR)
Vital Signs Date and Time (derived)	05 APR 2021 09:31
Temperature (xxx.x)	98.0 F
Route of measurement	Oral
	Axillary
	Other
If Other, specify	
Pulse (xxx)	80 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	12 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	123 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	81 mmHg
Diastolic Blood Pressure units	MMHG
Height (derived)	
Weight (derived)	

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

Data signed: (b) (4) 12 Apr 2021 15:53:58

Generated On: 11 Aug 2021 22:35:20

Was the physical examination performed?

Yes No

Date of examination (dd MMM yyyy)

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

Folder: Visit 4 Day 209 (1)

Form: Immunogenicity Assessment

Data signed: (b) (4) 12 Apr 2021 15:53:58

Was the sample collected?	Yes
	No
Collection date (dd MMM yyyy)	05 APR 2021
Collection time (00:00-23:59)	09:39 (24 HR)
Collection date and time (derived)	05 APR 2021 09:39

**Folder: Visit 4 Day 209 (1)** 

**Form: Continuing** 

Data signed: (b) (4) 12 Apr 2021 15:53:58

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

Folder: Safety Call Day 239 (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 239 (1)

Form: Continuing

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

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

Date of Contact	
Time of Contact	
Date and Time of Contact (derived)	
Type of Contact	Clinic Visit - Scheduled
	Clinical Visit - Unscheduled
	Safety Call
	Convalescent Tele-visit
Has the subject reported symptoms of SARS-COV-2?	Yes
	No

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) 29 Mar 2021 15:31:31

Was this visit performed?	Yes
	No
Visit date (dd MMM yyyy)	09 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) 29 Mar 2021 15:31:31

Date of updated informed consent (dd MMM yyyy)	09 MAR 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)	09 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	1
Continuing with mRNA-1273	1

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

Form: Vital Signs - Dosing

Data signed: (b) (4) 29 Mar 2021 15:31:31

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) 29 Mar 2021 15:31:31

Height	ND - Not Done
Weight	ND - Not Done
BMI (xxx.x)	
Timepoint	Pre-Dose
	Post-Dose
Were vital signs assessed?	Yes
	No
Date of assessment (dd MMM yyyy)	09 MAR 2021
Time of assessment (00:00-23:59)	09:35 (24 HR)
Vital Signs Date and Time (derived)	09 MAR 2021 09:35
Temperature (xxx.x)	98.5 F
Route of measurement	Oral
	Axillary
	Other
If Other, specify	
Pulse (xxx)	49 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	12 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	131 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	80 mmHg
Diastolic Blood Pressure units	MMHG

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

Form: Vital Signs - Dosing (2)

Data signed: (b) (4) 29 Mar 2021 15:31:31

Height	ND - Not Done
Weight	ND - Not Done
BMI (xxx.x)	
Timepoint	Pre-Dose
	Post-Dose
Were vital signs assessed?	Yes
	No
Date of assessment (dd MMM yyyy)	09 MAR 2021
Time of assessment (00:00-23:59)	10:35 (24 HR)
Vital Signs Date and Time (derived)	09 MAR 2021 10:35
Temperature (xxx.x)	98.4 F
Route of measurement	Oral
	Axillary
	Other
If Other, specify	
Pulse (xxx)	55 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	12 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	123 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	76 mmHg
Diastolic Blood Pressure units	MMHG
<u> </u>	

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

Form: Physical Examination

Data signed: (b) (4) 29 Mar 2021 15:31:31

Generated On: 11 Aug 2021 22:35:20

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: Participant Decision Visit / OL-D1 (1)

Form: Exposure

Data signed: (b) (4) 29 Mar 2021 15:31:31

Was study treatment given?	Yes
	No
If No, reason not given	Participant declined due to
	Adverse Event
	Physician withheld dose due to
	Adverse Event
	Death
	Lost To Follow-Up
	Physician Decision
	Pregnancy
	Protocol Deviation
	Study Terminated by Sponsor
	Withdrawal of Consent by Participant
	Confirmed COVID-19
	Other
If reason is Physician Decision, Withdrawal of Consent by	
Participant, Protocol Deviation, or Other, specify	
What was the study treatment? (Unblinded)	MRNA-1273
What was the treatment date? (dd MMM yyyy)	09 MAR 2021
What was the treatment time? (00:00-23:59)	10:05 (24 HR)
Treatment Date and Time (derived)	09 MAR 2021 10:05
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) 29 Mar 2021 15:31:31

Was the sample collected?	Yes
	No
Collection date (dd MMM yyyy)	09 MAR 2021
Collection time (00:00-23:59)	09:49 (24 HR)
Collection date and time (derived)	09 MAR 2021 09:49

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

Form: Central Laboratory - Nasopharyngeal Swab (Single)

Data signed: (b) (4) 29 Mar 2021 15:31:31

Was the sample collected?	Yes
	No
Collection date (dd MMM yyyy)	09 MAR 2021
Collection time (00:00 - 23:59)	09:51
Collection Date and Time (derived)	09 MAR 2021 09:51

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

**Form: Continuing** 

Data signed: (b) (4) 29 Mar 2021 15:31:31

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) 29 Mar 2021 15:31:52

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	17 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) 29 Mar 2021 15:31:52

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) 12 Apr 2021 15:53:58

Was this visit performed?	Yes
	No
Visit date (dd MMM yyyy)	05 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 - Dosing (1)

Data signed: (b) (4) 12 Apr 2021 15:53:58

Timepoint	Pre-Dose
	Post-Dose
Were vital signs assessed?	Yes
	No
Date of assessment (dd MMM yyyy)	05 APR 2021
Time of assessment (00:00-23:59)	09:31 (24 HR)
Vital Signs Date and Time (derived)	05 APR 2021 09:31
Temperature (xxx.x)	98.0 F
Route of measurement	Oral
	Axillary
	Other
If Other, specify	
Pulse (xxx)	80 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	12 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	123 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	81 mmHg
Diastolic Blood Pressure units	MMHG

**Folder: OL-D29 (1)** 

Form: Vital Signs - Dosing (2)

Data signed: (b) (4) 12 Apr 2021 15:53:58

Pre-Dose
Post-Dose
Yes
No
05 APR 2021
10:36 (24 HR)
05 APR 2021 10:36
98.1 F
Oral
Axillary
Other
51 beats/min
BPM
12 breaths/min
BREATHS/MIN
115 mmHg
MMHG
73 mmHg
MMHG

**Folder: OL-D29 (1)** 

Form: Physical Examination

Data signed: (b) (4) 12 Apr 2021 15:53:58

Generated On: 11 Aug 2021 22:35:20

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: Exposure

Data signed: (b) (4) 12 Apr 2021 15:53:57

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)	05 APR 2021
What was the treatment time? (00:00-23:59)	10:06 (24 HR)
Treatment Date and Time (derived)	05 APR 2021 10:06
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: OL-D29 (1)
Form: Continuing

Data signed: (b) (4) 12 Apr 2021 15:53:57

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

Folder: Safety Call OL-D36 (1)

Form: Safety Call

Data signed: (b) (4) 28 Apr 2021 16:39:17

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	13 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 OL-D36 (1)

Form: Continuing

Data signed: (b) (4) 28 Apr 2021 16:39:17

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

Folder: OL-D57 (1)
Form: Visit Date

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

Folder: OL-D57 (1)
Form: Vital Signs

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

**Folder: OL-D57** (1)

Form: Physical Examination

Generated On: 11 Aug 2021 22:35:20

Was the physical examination performed?	Yes
	No
Date of examination (dd MMM yyyy)	_

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-D57** (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:20

Was the sample collected?  Collection date (dd MMM yyyy)	Yes
Collection time (00:00-23:59)	
Collection date and time (derived)	

**Folder: Adverse Events** 

Form: Adverse Events Summary

Data signed: (b) (4) 12 Mar 2021 23:41:01

Generated On: 11 Aug 2021 22:35:20

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) 22 Mar 2021 13:29:56

AEID	
Adverse event	IDIOPATHIC PLEURISY WITH RECURRENCE
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)	18 SEP 2020
Start time (00:00-23:59)	
AE start date and time (derived)	
Ongoing?	Yes
	No
If not Ongoing, end date (dd MMM yyyy)	19 OCT 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
PRODUCTION RELEASE (v12.003	309 of 1553

Folder: Adverse Events Form: Adverse Events (1)

Data signed: (b) (4) 22 Mar 2021 13:29:56

Generated On: 11 Aug 2021 22:35:20

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

PRODUCTION RELEASE (v12.003 EAB) (1725)

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Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination Summary

Data signed: (b) (4) 22 Mar 2021 13:34:39

Generated On: 11 Aug 2021 22:35:20

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) 22 Mar 2021 13:34:38

Name of Medication	IBUPROFEN
Prophylaxis	Yes
	No
Indication	AE IDIOPATHIC PLEURISY
	WITH RECURRENCE
Dose per administration	800
Dose unit	mg
	ug
	mL C
	g
	IU
	tablet
	capsule
	puff
	Other
If dose unit is Other, specify	
Frequency	once daily
	twice daily
	three times daily
	four times daily
	every other day
	every week
	every month
	as needed
	once
	unknown
	other
If frequency is Other, specify	
Route of administration	Oral
	Topical
	Subcutaneous
	Transdermal
PRODUCTION RELEASE (v12.003	212 -£ 1550
EAB) (1725)	312 of 1553

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

Data signed: (b) (4) 22 Mar 2021 13:34:38

_	
	Intraocular
	Intramuscular
	Respiratory (Inhalation)
	Intralesional
	Intraperiteoneal
	Nasal
	Vaginal
	Rectal
	Intravenous
	Intravenous Bolus
	Intravenous Drip
	Other
If route of administration is Other, specify	
Start date (dd MMM yyyy)	08 OCT 2020
Start date completely unknown	False
Ongoing?	Yes
	No
If not Ongoing, End date (dd MMM yyyy)	22 OCT 2020
Was this medication taken for solicited event?	Yes
	No
Separate Dosage Number (derived)	
Interval Dosage Unit Number (derived)	
Interval Dosage Definition (derived)	802
	803
	804
	$\bigcup$

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

Data signed: (b) (4) 22 Mar 2021 13:34:38

Name of Medication	FLEXERII
Prophylaxis	Yes
	No
Indication	AE IDIOPATHIC PLEURISY
	WITH RECURRENCE
Dose per administration	4
Dose unit	mg
	ug
	mL
	g
	IU
	tablet
	capsule
	puff
	Other
If dose unit is Other, specify	
Frequency	once daily
	twice daily
	three times daily
	four times daily
	every other day
	every week
	every month
	as needed
	once
	unknown
	other
If frequency is Other, specify	
Route of administration	Oral
	Topical
	Subcutaneous
	Transdermal
PRODUCTION RELEASE (v12.003	214 - 0.155
EAB) (1725)	314 of 1553

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

Data signed: (b) (4) 22 Mar 2021 13:34:38

0	
	Intraocular
	Intramuscular
	Respiratory (Inhalation)
	Intralesional
	Intraperiteoneal
	Nasal
	Vaginal
	Rectal
	Intravenous
	Intravenous Bolus
	Intravenous Drip
	Other
If route of administration is Other, specify	
Start date (dd MMM yyyy)	2 OCT 2020
Start date completely unknown	False
Ongoing?	Yes
	No
If not Ongoing, End date (dd MMM yyyy)	19 OCT 2020
Was this medication taken for solicited event?	Yes
	No
Separate Dosage Number (derived)	
Interval Dosage Unit Number (derived)	
Interval Dosage Definition (derived)	802
	803
	804

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

Data signed: (b) (4) 22 Mar 2021 13:34:38

Name of Medication	ALBUTEROL
Prophylaxis	Yes
	No
Indication	AE IDIOPATHIC PLEURISY
	WITH RECURRENCE
Dose per administration	1.25
Dose unit	mg
	ug
	mL
	g
	IU
	tablet
	capsule
	puff
	Other
If dose unit is Other, specify	
Frequency	once daily
	twice daily
	three times daily
	four times daily
	every other day
	every week
	every month
	as needed
	once
	unknown
	other
If frequency is Other, specify	
Route of administration	Oral
	Topical
	Subcutaneous
	Transdermal
	Transactifiai
PRODUCTION RELEASE (v12.003	21- 21-
EAB) (1725)	316 of 1553

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

Data signed: (b) (4) 22 Mar 2021 13:34:38

_	
	Intraocular
	Intramuscular
	Respiratory (Inhalation)
	Intralesional
	Intraperiteoneal
	Nasal
	Vaginal
	Rectal
	Intravenous
	Intravenous Bolus
	Intravenous Drip
	Other
If route of administration is Other, specify	
Start date (dd MMM yyyy)	2 OCT 2020
Start date completely unknown	False
Ongoing?	Yes
	No
If not Ongoing, End date (dd MMM yyyy)	19 OCT 2020
Was this medication taken for solicited event?	Yes
	No
Separate Dosage Number (derived)	
Interval Dosage Unit Number (derived)	
Interval Dosage Definition (derived)	802
	803
	804
	<u> </u>

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

Data signed: (b) (4) 22 Mar 2021 13:34:38

Name of Medication	INFLUENZA VACCINE
Prophylaxis	Yes
	No
Indication	WELLNESS
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	318 of 1553
EAB) (1725)	

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

Data signed: (b) (4) 22 Mar 2021 13:34:38

	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)	21 OCT 2020
Start date completely unknown	False
Ongoing?	Yes
	No
If not Ongoing, End date (dd MMM yyyy)	21 OCT 2020
Was this medication taken for solicited event?	Yes
	No
Separate Dosage Number (derived)	
Interval Dosage Unit Number (derived)	
Interval Dosage Definition (derived)	802
	803
	804
	$\cup$

Folder: Concomitant Procedures (1)

Form: Concomitant Procedures Summary

Data signed: (b) (4) 22 Mar 2021 13:34:39

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

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

Data signed: (b) (4) 29 Mar 2021 15:31:31

Date of dosing discontinuation (dd MMM yyyy)	13 OCT 2020
Primary reason for dosing discontinuation	AE (specify)
	SAE (specify)
	Death
	Lost To Follow-up
	Physician decision (specify)
	Pregnancy
	Protocol deviation (specify)
	Study Terminated By Sponsor
	Withdrawal of consent by
	participant (specify)
	Due to SARS-COV-2
	Other
If reason is AE, SAE, Physician Decision, Withdrawal of consent	AE#
by participant, Protocol deviation, or Other, specify	

Folder: End of Study (1)

Form: End of Study / Study Discontinuation Generated On: 11 Aug 2021 22:35:20

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

US3342253 (Prod: Tekton Research- Austin)

**Form: Participant Creation** 

Generated On: 11 Aug 2021 22:35:20

Participant ID

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	31 Mar 2021 17:15:18
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
User entered 'US3342253'	RWS_ENDPOINT ENDPOINT (b) (4)	11 Sep 2020 21:04:35

Folder: Screening Form: Visit Date

Generated On: 11 Aug 2021 22:35:20

Was this visit performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:16:22
User entered 'Yes (Y)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:43:11

Folder: Screening Form: Visit Date

Generated On: 11 Aug 2021 22:35:20

Visit date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:16:22
User entered '11 SEP 2020'	RWS_ENDPOINT ENDPOINT (b) (4)	11 Sep 2020 21:04:36

Folder: Screening Form: Visit Date

Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:16:22
User entered 'Clinic (Clinic)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:43:11

Folder: Screening Form: Visit Date

Generated On: 11 Aug 2021 22:35:20

Folder OID

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User entered 'SCRN'	System	11 Sep 2020 21:43:11

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:35:20

Date of Birth (MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:46
User entered (b) (6) 1996'	RWS_ENDPOINT (b) (4)	11 Sep 2020 21:04:37

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:35:20

# Age

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:46
User entered '24'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:43:51

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:35:20

Age Units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User entered 'YEARS'	System	11 Sep 2020 21:43:51

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:35:20

Age (Derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User entered '24'	System	11 Sep 2020 21:44:01

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:35:20

Sex

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:46
User entered 'Male (M)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:43:51

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:35:20

Ethnicity

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:46
User entered 'Hispanic or Latino (HISPANIC OR LATINO)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:43:51

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:35:20

White

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:46
User entered '1'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:43:51

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:35:20

Black

User	Time (GMT)
(b) (4), (b) (6)	27 Apr 2021 12:48:47
Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
(b) (4), (b) (6)	26 Jan 2021 07:23:46
Morgan Schulle (b) (4)	11 Sep 2020 21:43:51
	(b) (4), (b) (6)  Paul Pickrell (b) (4) (b) (4) (b) (4), (b) (6)

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:35:20

Asian

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:46
User entered '0'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:43:51

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:35:20 American Indian or Alaska Native

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:46
User entered '0'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:43:51

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:35:20 Native Hawaiian or other Pacific Islander

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:46
User entered '0'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:43:51

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:35:20

Other

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:46
User entered '0'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:43:51

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:35:20

If race is Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:46
User entered empty.	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:43:51

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:35:20

Unknown

User	Time (GMT)
(b) (4), (b) (6)	27 Apr 2021 12:48:47
Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
(b) (4), (b) (6)	26 Jan 2021 07:23:46
Morgan Schulle (b) (4)	11 Sep 2020 21:43:51
	(b) (4), (b) (6)  Paul Pickrell (b) (4) (b) (4) (b) (4), (b) (6)

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:35:20

Not reported

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:46
User entered '0'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:43:51

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 22:35:20
Date of Informed Consent (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:41
User entered '11 Sep 2020'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:44:01

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 22:35:20

Month and Year of Informed Consent (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User entered 'Sep 2020'	System	11 Sep 2020 21:44:01

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 22:35:20 Year of Informed Consent (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User entered '2020'	System	11 Sep 2020 21:44:01

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 22:35:20

Protocol Version

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:41
User closed query 'Data is required. Please complete.' (Site from System).	System	11 Sep 2020 21:44:08
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	11 Sep 2020 21:44:08
User entered 'Amendment 3 (3)' reason for change: Data Entry Error	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:44:08
User opened query 'Data is required. Please complete.' (Site from System).	System	11 Sep 2020 21:44:01
User entered empty.	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:44:01

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 22:35:20 Was participant enrolled in the study?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:41
User entered 'Yes (Y)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:44:01

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 22:35:20 If No, indicate reason for screen fail

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:41
User entered empty.	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:44:01

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 22:35:20 If reason for screen fail is Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:41
User entered empty.	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:44:01

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 22:35:20 Was this participant screened previously?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:41
User entered 'No (N)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:44:01

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 22:35:20 If Yes, previous participant number

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:41
User entered empty.	RWS_ENDPOINT ENDPOINT (b) (4)	11 Sep 2020 21:04:36

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 22:35:20

Enrollment Trigger

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User entered '1'	System	11 Sep 2020 21:44:11

**Folder: Screening** 

Form: Inclusion/Exclusion Criteria Summary

Generated On: 11 Aug 2021 22:35:20 Did the participant meet all eligibility criteria?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:33
User entered 'Yes (Y)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:44:11

**Folder: Screening** 

Form: Medical History Summary Generated On: 11 Aug 2021 22:35:20 Were any significant conditions reported?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:25
User entered 'Yes (Y)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:44:44

**Folder: Screening** 

Form: Medical History (1)

Generated On: 11 Aug 2021 22:35:20

Condition

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:20
User coded data point as SOC: Respiratory, thoracic and mediastinal disorders, HLGT: Pleural disorders, HLT: Pleural infections and inflammations, PT: Pleurisy, LLT: Pleurisy - version MedDRA\\23.0.		11 Sep 2020 22:22:40
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	11 Sep 2020 22:22:40
Data point term sent to Coder	System	11 Sep 2020 22:21:11
User entered 'PLEURISY'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 22:20:24

**Folder: Screening** 

Form: Medical History (1)

Generated On: 11 Aug 2021 22:35:20

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:20
User entered 'UN Oct 2019'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 22:20:24

**Folder: Screening** 

Form: Medical History (1)

Generated On: 11 Aug 2021 22:35:20

Start date completely unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:20
User entered '0'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 22:20:24

**Folder: Screening** 

Form: Medical History (1)

Generated On: 11 Aug 2021 22:35:20

Condition ongoing at study entry

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:20
Query 'Per DM CLR: Please review the status of this acute MH as the duration is unexpected for this medical condition. Please review and confirm if it is ongoing upon study entry. If not, add a stop date if appropriate or provide explanation for the Med History duration.  'canceled (Site from DM).		08 Nov 2020 12:46:42
User opened query 'Per DM CLR: Please review the status of this acute MH as the duration is unexpected for this medical condition. Please review and confirm if it is ongoing upon study entry. If not, add a stop date if appropriate or provide explanation for the Med History duration.  ' (Site from DM).		16 Oct 2020 15:38:08
User entered 'Yes (Y)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 22:20:24

**Folder: Screening** 

Form: Medical History (1)

Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:20
User entered empty.	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 22:20:24

**Folder: Screening** 

Form: Medical History (1)

Generated On: 11 Aug 2021 22:35:20

Stop date completely unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:20
User entered '0'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 22:20:24

**Folder: Screening** 

Form: Medical History (1)

Generated On: 11 Aug 2021 22:35:20

Start Month and Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User entered 'Oct 2019'	System	11 Sep 2020 22:20:24

**Folder: Screening** 

Form: Medical History (1)

Generated On: 11 Aug 2021 22:35:20

Start Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User entered '2019'	System	11 Sep 2020 22:20:24

**Folder: Screening** 

Form: Medical History (1)

Generated On: 11 Aug 2021 22:35:20

Stop Month and Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User entered empty.	System	11 Sep 2020 22:20:24

**Folder: Screening** 

Form: Medical History (1)

Generated On: 11 Aug 2021 22:35:20

Stop Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User entered empty.	System	11 Sep 2020 22:20:24

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Were vital signs assessed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:01
User entered 'Yes (Y)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:45:21

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20 Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:01
User entered '11 Sep 2020'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:45:21

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20 Time of assessment (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:01
User entered '15:54'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:45:21

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User entered '11 Sep 2020 15:54'	System	11 Sep 2020 21:45:21

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Height (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:01
User entered '180.0' cm	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:45:21
DataPoint set to visible.	System	11 Sep 2020 21:44:11

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Weight (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:01
User entered '85.8' kg	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:45:21
DataPoint set to visible.	System	11 Sep 2020 21:44:11

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

BMI (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User entered '26.48148'	System	11 Sep 2020 21:45:21
DataPoint set to visible.	System	11 Sep 2020 21:44:11

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

BMI units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User entered 'kg/m2'	System	11 Sep 2020 21:45:21
DataPoint set to visible.	System	11 Sep 2020 21:44:11

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Temperature (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4) (b) (4), (b) (6)	26 Jan 2021 07:23:01
User entered missing code ND - Not Done.	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:45:21

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Route of measurement

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:01
User entered empty.	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:45:21

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

If Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:01
User entered empty.	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:45:21

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Pulse (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:01
User entered missing code ND - Not Done.	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:45:21

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Pulse units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User entered 'bpm'	System	11 Sep 2020 21:45:21

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Respiratory Rate (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4) (b) (4), (b) (6)	26 Jan 2021 07:23:01
User entered missing code ND - Not Done.	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:45:21

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Respiratory Rate units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User entered 'breaths/min'	System	11 Sep 2020 21:45:21

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:01
User entered missing code ND - Not Done.	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:45:21

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Systolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User entered 'mmHg'	System	11 Sep 2020 21:45:21

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:23:01
User entered missing code ND - Not Done.	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:45:21

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Diastolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User entered 'mmHg'	System	11 Sep 2020 21:45:21

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Height (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Weight (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47

**Folder: Screening** 

Form: Physical Examination

Generated On: 11 Aug 2021 22:35:20 Was the physical examination performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:22:04
User entered 'Yes (Y)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:45:33

**Folder: Screening** 

Form: Physical Examination

Generated On: 11 Aug 2021 22:35:20 Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:22:04
User entered '11 Sep 2020'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:45:33

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:24:44
User entered 'Yes (Y)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:45:56

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:24:44
User entered 'No (N)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:45:56

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:20

**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)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:24:44
User entered 'No (N)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:45:56

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:20

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)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:24:44
User entered 'No (N)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:45:56

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:24:44
User entered 'No (N)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:45:56

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:20

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)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:24:44
User entered 'No (N)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:45:56

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:20

**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)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:24:44
User entered 'No (N)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:45:56

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:20

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)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:24:44
User entered 'No (N)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:45:56

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:20

**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)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:24:44
User entered 'No (N)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:45:56

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:20

**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)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:24:44
User entered 'No (N)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:45:56

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:20

 $\textbf{Educators and Students} \ (e.g., teachers, administrators, support staff, and students interacting in$ 

face-to-face school setting)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:24:44
User entered 'No (N)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:45:56

Folder: Screening

Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:20

Other

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:24:44
User entered 'No (N)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:45:56

**Folder: Screening** 

Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:20

**Specify** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:24:44
User entered empty.	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:45:56

Folder: Screening
Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:20

No Risk Identified

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
User entered '0'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:45:56

Folder: Screening
Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:20

**Resides in Nursing Home or Assisted Living Facility** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:24:44
User entered '0'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:45:56

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:20

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

living with children < 18yrs)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:24:44
User entered '0'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:45:56

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:20

**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)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:24:44
User entered '0'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:45:56

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:20

**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)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:24:44
User entered '1'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:45:56

Folder: Screening
Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:24:44
User entered '0'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:45:56

Folder: Screening

Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:20

Other

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
User entered '0'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:45:56

**Folder: Screening** 

Form: Risk of Exposure

Generated On: 11 Aug 2021 22:35:20

Specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:48:47
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:24:44
User entered empty.	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:45:56

Folder: Visit 1 Day 1
Form: Visit Date

Generated On: 11 Aug 2021 22:35:20

Was this visit performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:24:54
User entered 'Yes (Y)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 22:20:35

Folder: Visit 1 Day 1 Form: Visit Date

Generated On: 11 Aug 2021 22:35:20

Visit date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:24:54
User entered '11 Sep 2020'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 22:20:35

Folder: Visit 1 Day 1 Form: Visit Date

Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:24:54
User entered 'Clinic (Clinic)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 22:20:35

Folder: Visit 1 Day 1 Form: Visit Date

Generated On: 11 Aug 2021 22:35:20

Folder OID

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User entered 'VISIT1'	System	11 Sep 2020 22:20:35

Folder: Visit 1 Day 1 Form: Randomization

Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:26:01
User entered '11 SEP 2020'	RWS_ENDPOINT (b) (4)	11 Sep 2020 21:29:18

Folder: Visit 1 Day 1
Form: Randomization

Generated On: 11 Aug 2021 22:35:20

What was the participant's randomization number?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:26:01
User entered '146309'	RWS_ENDPOINT (b) (4)	11 Sep 2020 21:29:18

Folder: Visit 1 Day 1 Form: Randomization

Generated On: 11 Aug 2021 22:35:20 In what Cohort was the participant enrolled?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:26:01
User entered '>=18 and <65 years and at risk (2)'	RWS_ENDPOINT (b) (4)	11 Sep 2020 21:29:18

Folder: Visit 1 Day 1 Form: Randomization

Generated On: 11 Aug 2021 22:35:20

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)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:26:01
User entered 'Yes (Y)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:47:06

Folder: Visit 1 Day 1 Form: Randomization

Generated On: 11 Aug 2021 22:35:20

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)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:26:01
User entered 'No (N)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:47:06

Folder: Visit 1 Day 1
Form: Randomization

Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:26:01
User entered 'No (N)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:47:06

Folder: Visit 1 Day 1
Form: Randomization

Generated On: 11 Aug 2021 22:35:20 Diabetes (Type I, Type 2, or gestational)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:26:01
User entered 'No (N)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:47:06

Folder: Visit 1 Day 1
Form: Randomization

Generated On: 11 Aug 2021 22:35:20

Liver Disease

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:26:01
User entered 'No (N)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 21:47:06

Folder: Visit 1 Day 1 Form: Randomization

Generated On: 11 Aug 2021 22:35:20

Human Immunodeficiency Virus (HIV) infection

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:26:01
User entered 'No (N)'	(b) (4), (b) (6)	13 Oct 2020 17:36:52
Amendment Manager: DataPoint set to visible.	System	19 Sep 2020 09:04:08
Amendment Manager inserted this DataPoint.	System	19 Sep 2020 09:04:07

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:35:20

Height

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:26:07
User entered missing code ND - Not Done.	(b) (4), (b) (6)	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:35:20

Weight

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:26:07
User entered missing code ND - Not Done.	(b) (4), (b) (6)	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:35:20

Height

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:26:07
User entered missing code ND - Not Done.	(b) (4), (b) (6)	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:35:20

Weight

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:26:07
User entered missing code ND - Not Done.	(b) (4), (b) (6)	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Timepoint

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User accepted default value 'Pre-Dose (PREDOSE)'	(b) (4), (b) (6)	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Were vital signs assessed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:26:07
User entered 'Yes (Y)'	(b) (4), (b) (6)	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20 Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:26:07
User entered '11 Sep 2020'	(b) (4), (b) (6)	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20 Time of assessment (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:26:07
User entered '15:54'	(b) (4), (b) (6)	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User entered '11 Sep 2020 15:54'	System	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Temperature (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:26:07
User entered '97.9' F	(b) (4), (b) (6)	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Route of measurement

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:26:07
User entered 'Oral (Oral)'	(b) (4), (b) (6)	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

If Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:26:07
User entered empty.	(b) (4), (b) (6)	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Pulse (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:26:07
User entered '71'	(b) (4), (b) (6)	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Pulse units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User entered 'bpm'	System	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Respiratory Rate (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:26:07
User entered '14'	(b) (4), (b) (6)	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Respiratory Rate units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User entered 'breaths/min'	System	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:26:07
User entered '127'	(b) (4), (b) (6)	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Systolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User entered 'mmHg'	System	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:26:07
User entered '72'	(b) (4), (b) (6)	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Diastolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User entered 'mmHg'	System	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:35:20

Height

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:26:07
User entered missing code ND - Not Done.	(b) (4), (b) (6)	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:35:20

Weight

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:26:07
User entered missing code ND - Not Done.	(b) (4), (b) (6)	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Timepoint

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User accepted default value 'Post-Dose (POSTDOSE)'	(b) (4), (b) (6)	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Were vital signs assessed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:26:07
User closed query 'Data is required. Please complete.' (Site from System).	System	11 Sep 2020 22:31:44
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	11 Sep 2020 22:31:44
User entered 'Yes (Y)' reason for change: Data Entry Error	(b) (4), (b) (6)	11 Sep 2020 22:31:44
User opened query 'Data is required. Please complete.' (Site from System).	System	11 Sep 2020 22:24:12
User entered empty.	(b) (4), (b) (6)	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20 Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:26:07
User entered '11 Sep 2020' reason for change: Data Entry Error	(b) (4), (b) (6)	11 Sep 2020 22:31:44
User entered empty.	(b) (4), (b) (6)	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:26:07
User closed query 'Post-dose Time is prior to Pre-dose Time. Please review and reconcile.' (Site from System).	System	18 Sep 2020 14:46:02
User entered '17:26' reason for change: Data Entry Error	Morgan Schulle (b) (4) (b) (4)	18 Sep 2020 14:46:02
User opened query 'Post-dose Time is prior to Pre-dose Time. Please review and reconcile.' (Site from System).	System	11 Sep 2020 22:31:44
User entered '15:26' reason for change: Data Entry Error	(b) (4), (b) (6)	11 Sep 2020 22:31:44
User entered empty.	(b) (4), (b) (6)	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User entered '11 Sep 2020 17:26'	System	18 Sep 2020 14:46:02
User entered '11 Sep 2020 15:26'	System	11 Sep 2020 22:31:44
User entered empty.	System	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Temperature (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:26:07
User entered '97.7' F reason for change: Data Entry Error	(b) (4), (b) (6)	11 Sep 2020 22:31:44
User entered empty.	(b) (4), (b) (6)	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Route of measurement

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:26:07
User entered 'Oral (Oral)' reason for change: Data Entry Error	(b) (4), (b) (6)	11 Sep 2020 22:31:44
User entered empty.	(b) (4), (b) (6)	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

If Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:26:07
User entered empty.	(b) (4), (b) (6)	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Pulse (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:26:07
User entered '58' reason for change: Data Entry Error	(b) (4), (b) (6)	11 Sep 2020 22:31:44
User entered empty.	(b) (4), (b) (6)	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Pulse units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User entered 'bpm'	System	11 Sep 2020 22:31:44
User entered empty.	System	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Respiratory Rate (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:26:07
User entered '14' reason for change: Data Entry Error	(b) (4), (b) (6)	11 Sep 2020 22:31:44
User entered empty.	(b) (4), (b) (6)	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Respiratory Rate units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User entered 'breaths/min'	System	11 Sep 2020 22:31:44
User entered empty.	System	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:26:07
User entered '108' reason for change: Data Entry Error	(b) (4), (b) (6)	11 Sep 2020 22:31:44
User entered empty.	(b) (4), (b) (6)	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Systolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User entered 'mmHg'	System	11 Sep 2020 22:31:44
User entered empty.	System	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:26:07
User entered '67' reason for change: Data Entry Error	(b) (4), (b) (6)	11 Sep 2020 22:31:44
User entered empty.	(b) (4), (b) (6)	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Diastolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User entered 'mmHg'	System	11 Sep 2020 22:31:44
User entered empty.	System	11 Sep 2020 22:24:12

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 11 Aug 2021 22:35:20 Was the physical examination performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:21:54
User entered 'No (N)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 22:21:14

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 11 Aug 2021 22:35:20 Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:21:54
User entered empty.	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 22:21:14

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 22:35:20

Was study treatment given?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:18:36
User entered 'Yes (Y)'	(b) (4), (b) (6)	11 Sep 2020 22:20:22

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 22:35:20

If No, reason not given

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:18:36
User entered empty.	(b) (4), (b) (6)	11 Sep 2020 22:20:22

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 22:35:20

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)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:18:36
User entered empty.	(b) (4), (b) (6)	11 Sep 2020 22:20:22

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 22:35:20

What was the study treatment?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User entered 'MRNA-1273 OR PLACEBO'	System	11 Sep 2020 22:20:22

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 22:35:20 What was the treatment date? (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:18:36
User entered '11 Sep 2020'	(b) (4), (b) (6)	11 Sep 2020 22:20:22

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 22:35:20 What was the treatment time? (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:18:36
User entered '16:55'	(b) (4), (b) (6)	11 Sep 2020 22:20:22

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 22:35:20 Treatment Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User entered '11 Sep 2020 16:55'	System	11 Sep 2020 22:20:22

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 22:35:20 Which arm was used to give treatment?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:18:36
User entered 'Right Arm (RIGHT ARM)'	(b) (4), (b) (6)	11 Sep 2020 22:20:22

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 22:35:20

What was the frequency of the study treatment dosing?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:18:36
User entered 'ONCE'	System	11 Sep 2020 22:20:22

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 22:35:20

What was the route of administration for the study treatment?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User entered 'INTRAMUSCULAR'	System	11 Sep 2020 22:20:22

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:20

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:19:34
User entered 'Yes (Y)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 22:21:48

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:20

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:19:34
User entered '11 Sep 2020'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 22:21:48

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:20

Collection time (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:19:34
User closed query 'Data is required. Please provide.' (Site from System).	System	24 Sep 2020 16:17:06
User entered '16:45' reason for change: Data Entry Error	(b) (4), (b) (6)	24 Sep 2020 16:17:06
User opened query 'Data is required. Please provide.' (Site from System).	System	11 Sep 2020 22:21:48
User entered empty.	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 22:21:48

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:20 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User entered '11 Sep 2020 16:45'	System	24 Sep 2020 16:17:06
User entered empty.	System	11 Sep 2020 22:21:48

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 11 Aug 2021 22:35:20

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:20:02
User entered '11 Sep 2020'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 22:21:58

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 11 Aug 2021 22:35:20

Lab Test

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User accepted default value 'Nasopharyngeal Swab 1 (NASAL1)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 22:21:58

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 11 Aug 2021 22:35:20

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:20:02
User entered 'Yes (Y)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 22:21:58

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 11 Aug 2021 22:35:20

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:20:02
User closed query "Was the sample collected?' is Yes, however, Collection Time is missing. Please review and reconcile.' (Site from System).	System	24 Sep 2020 16:18:08
Query "Was the sample collected?' is Yes, however, Collection Time is missing. Please review and reconcile.' answered by data change (Site from System).	System	24 Sep 2020 16:18:08
User entered '16:46' reason for change: Data Entry Error	(b) (4), (b) (6)	24 Sep 2020 16:18:08
User opened query "Was the sample collected?' is Yes, however, Collection Time is missing. Please review and reconcile.' (Site from System).	System	11 Sep 2020 22:21:58
User entered empty.	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 22:21:58

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 11 Aug 2021 22:35:20

Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User entered '11 Sep 2020 16:46'	System	24 Sep 2020 16:18:08
User entered empty.	System	11 Sep 2020 22:21:58

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 11 Aug 2021 22:35:20

Lab Test

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User accepted default value 'Nasopharyngeal Swab 2 (NASAL2)'	2 Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 22:21:58

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 11 Aug 2021 22:35:20

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:20:02
User entered 'No (N)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 22:21:58

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 11 Aug 2021 22:35:20

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:20:02
User entered empty.	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 22:21:58

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 11 Aug 2021 22:35:20 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User entered empty.	System	11 Sep 2020 22:21:58

Folder: Visit 1 Day 1 Form: Continuing

Generated On: 11 Aug 2021 22:35:20
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:18:20
User entered 'Yes (Y)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 22:22:03

Folder: Visit 1 Day 1 Form: Continuing

Generated On: 11 Aug 2021 22:35:20

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User entered '1'	System	11 Sep 2020 22:22:03

Folder: Diary Dose 1 (1) Form: Temperature\_Day(1/1)

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
Data entry locked.	System	11 Sep 2020 22:20:22
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: Temperature\_Day(1/1)

Generated On: 11 Aug 2021 22:35:20

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-11T17:31:13', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '29d44427-1c4c-45bc-b30e-58ffbaab993b'	System	11 Sep 2020 22:31:36
User entered 'Yes (Y)'	System	11 Sep 2020 22:31:36

Folder: Diary Dose 1 (1)
Form: Temperature\_Day(1/1)

Generated On: 11 Aug 2021 22:35:20 Please record your TEMPERATURE in °F

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-11T17:31:19', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '29d44427-1c4c-45bc-b30e-58ffbaab993b'	System	11 Sep 2020 22:31:36
User entered '97.7'	System	11 Sep 2020 22:31:36

Folder: Diary Dose 1 (1)
Form: Temperature\_Day(1/1)

Generated On: 11 Aug 2021 22:35:20

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-11T17:31:22', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '29d44427-1c4c-45bc-b30e-58ffbaab993b'	System	11 Sep 2020 22:31:36
User entered 'No (N)'	System	11 Sep 2020 22:31:36

Folder: Diary Dose 1 (1) Form: Temperature\_Day(1/1)

Generated On: 11 Aug 2021 22:35:20

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-11T17:31:27', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '29d44427-1c4c-45bc-b30e-58ffbaab993b'	System	11 Sep 2020 22:31:36
User entered '11 Sep 2020 17:31'	System	11 Sep 2020 22:31:36

Folder: Diary Dose 1 (1)
Form: Temperature\_Day(1/1)

Generated On: 11 Aug 2021 22:35:20

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '11 Sep 2020 17:15'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1) Form: Temperature\_Day(1/1)

Generated On: 11 Aug 2021 22:35:20

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '11 Sep 2020 19:45'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1) Form: Temperature\_Day(1/2)

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
Data entry locked.	System	11 Sep 2020 22:20:22
User entered 'Day 1, after vaccination (at home)'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: Temperature\_Day(1/2)

Generated On: 11 Aug 2021 22:35:20

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-11T21:12:40', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '71acbb48-0bba-40bc-95dc-dd77c475a95f'	System	12 Sep 2020 02:12:58
User entered 'Yes (Y)'	System	12 Sep 2020 02:12:58

Folder: Diary Dose 1 (1)
Form: Temperature\_Day(1/2)

Generated On: 11 Aug 2021 22:35:20 Please record your TEMPERATURE in °F

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-11T21:12:45', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '71acbb48-0bba-40bc-95dc-dd77c475a95f'	System	12 Sep 2020 02:12:58
User entered '97.1'	System	12 Sep 2020 02:12:58

Folder: Diary Dose 1 (1)
Form: Temperature\_Day(1/2)

Generated On: 11 Aug 2021 22:35:20

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-11T21:12:49', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '71acbb48-0bba-40bc-95dc-dd77c475a95f'	System	12 Sep 2020 02:12:58
User entered 'No (N)'	System	12 Sep 2020 02:12:58

Folder: Diary Dose 1 (1) Form: Temperature\_Day(1/2)

Generated On: 11 Aug 2021 22:35:20

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-11T21:12:52', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '71acbb48-0bba-40bc-95dc-dd77c475a95f'	System	12 Sep 2020 02:12:58
User entered '11 Sep 2020 21:12'	System	12 Sep 2020 02:12:58

Folder: Diary Dose 1 (1)
Form: Temperature\_Day(1/2)

Generated On: 11 Aug 2021 22:35:20

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '11 Sep 2020 20:40'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1) Form: Temperature\_Day(1/2)

Generated On: 11 Aug 2021 22:35:20

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '12 Sep 2020 11:59'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1) Form: Temperature\_Day(2)

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
Data entry locked.	System	11 Sep 2020 22:20:22
User entered 'Day 2'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1) Form: Temperature\_Day(2)

Generated On: 11 Aug 2021 22:35:20

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-12T17:40:05', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '4bfa0c2b-d6e4-4a1b-81bf-7078754b2645'	System	12 Sep 2020 22:40:18
User entered 'Yes (Y)'	System	12 Sep 2020 22:40:18

Folder: Diary Dose 1 (1) Form: Temperature\_Day(2)

Generated On: 11 Aug 2021 22:35:20 Please record your TEMPERATURE in °F

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-12T17:40:09', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '4bfa0c2b-d6e4-4a1b-81bf-7078754b2645'	System	12 Sep 2020 22:40:18
User entered '98.0'	System	12 Sep 2020 22:40:18

Folder: Diary Dose 1 (1) Form: Temperature\_Day(2)

Generated On: 11 Aug 2021 22:35:20

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-12T17:40:13', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '4bfa0c2b-d6e4-4a1b-81bf-7078754b2645'	System	12 Sep 2020 22:40:18
User entered 'No (N)'	System	12 Sep 2020 22:40:18

Folder: Diary Dose 1 (1) Form: Temperature\_Day(2)

Generated On: 11 Aug 2021 22:35:20

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-12T17:40:16', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '4bfa0c2b-d6e4-4a1b-81bf-7078754b2645'	System	12 Sep 2020 22:40:18
User entered '12 Sep 2020 17:40'	System	12 Sep 2020 22:40:18

Folder: Diary Dose 1 (1) Form: Temperature\_Day(2)

Generated On: 11 Aug 2021 22:35:20

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '12 Sep 2020 12:00'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1) Form: Temperature\_Day(2)

Generated On: 11 Aug 2021 22:35:20

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '13 Sep 2020 11:59'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: Temperature\_Day(3)

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
Data entry locked.	System	11 Sep 2020 22:20:22
User entered 'Day 3'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: Temperature\_Day(3)

Generated On: 11 Aug 2021 22:35:20

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-13T17:26:20', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'c4f39592-855a-405b-abb0-9648e9eab1f0'	System	13 Sep 2020 22:26:33
User entered 'Yes (Y)'	System	13 Sep 2020 22:26:33

Folder: Diary Dose 1 (1)
Form: Temperature\_Day(3)

Generated On: 11 Aug 2021 22:35:20 Please record your TEMPERATURE in °F

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-13T17:26:24', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'c4f39592-855a-405b-abb0-9648e9eab1f0'	System	13 Sep 2020 22:26:33
User entered '96.5'	System	13 Sep 2020 22:26:33

Folder: Diary Dose 1 (1)
Form: Temperature\_Day(3)

Generated On: 11 Aug 2021 22:35:20

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-13T17:26:27', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'c4f39592-855a-405b-abb0-9648e9eab1f0'	System	13 Sep 2020 22:26:33
User entered 'No (N)'	System	13 Sep 2020 22:26:33

Folder: Diary Dose 1 (1)
Form: Temperature\_Day(3)

Generated On: 11 Aug 2021 22:35:20

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-13T17:26:29', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'c4f39592-855a-405b-abb0-9648e9eab1f0'	System	13 Sep 2020 22:26:33
User entered '13 Sep 2020 17:26'	System	13 Sep 2020 22:26:33

Folder: Diary Dose 1 (1)
Form: Temperature\_Day(3)

Generated On: 11 Aug 2021 22:35:20

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '13 Sep 2020 12:00'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: Temperature\_Day(3)

Generated On: 11 Aug 2021 22:35:20

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '14 Sep 2020 11:59'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1) Form: Temperature\_Day(4)

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
Data entry locked.	System	11 Sep 2020 22:20:22
User entered 'Day 4'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1) Form: Temperature\_Day(4)

Generated On: 11 Aug 2021 22:35:20

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-14T19:12:12', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '7d385c66-d8ac-4604-85da-874bac99e090'	System	15 Sep 2020 00:12:22
User entered 'Yes (Y)'	System	15 Sep 2020 00:12:22

Folder: Diary Dose 1 (1) Form: Temperature\_Day(4)

Generated On: 11 Aug 2021 22:35:20 Please record your TEMPERATURE in °F

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-14T19:12:16', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '7d385c66-d8ac-4604-85da-874bac99e090'	System	15 Sep 2020 00:12:22
User entered '96.8'	System	15 Sep 2020 00:12:22

Folder: Diary Dose 1 (1) Form: Temperature\_Day(4)

Generated On: 11 Aug 2021 22:35:20

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-14T19:12:18', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '7d385c66-d8ac-4604-85da-874bac99e090'	System	15 Sep 2020 00:12:22
User entered 'No (N)'	System	15 Sep 2020 00:12:22

Folder: Diary Dose 1 (1) Form: Temperature\_Day(4)

Generated On: 11 Aug 2021 22:35:20

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-14T19:12:20', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '7d385c66-d8ac-4604-85da-874bac99e090'	System	15 Sep 2020 00:12:22
User entered '14 Sep 2020 19:12'	System	15 Sep 2020 00:12:22

Folder: Diary Dose 1 (1) Form: Temperature\_Day(4)

Generated On: 11 Aug 2021 22:35:20

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '14 Sep 2020 12:00'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1) Form: Temperature\_Day(4)

Generated On: 11 Aug 2021 22:35:20

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '15 Sep 2020 11:59'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1) Form: Temperature\_Day(5)

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
Data entry locked.	System	11 Sep 2020 22:20:22
User entered 'Day 5'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1) Form: Temperature\_Day(5)

Generated On: 11 Aug 2021 22:35:20

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-15T19:26:28', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '3dc0d624-45f9-450c-a9c7-b0dff0126314'	System	16 Sep 2020 00:26:41
User entered 'Yes (Y)'	System	16 Sep 2020 00:26:41

Folder: Diary Dose 1 (1) Form: Temperature\_Day(5)

Generated On: 11 Aug 2021 22:35:20 Please record your TEMPERATURE in °F

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-15T19:26:32', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '3dc0d624-45f9-450c-a9c7-b0dff0126314'	System	16 Sep 2020 00:26:41
User entered '97.1'	System	16 Sep 2020 00:26:41

Folder: Diary Dose 1 (1) Form: Temperature\_Day(5)

Generated On: 11 Aug 2021 22:35:20

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-15T19:26:35', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '3dc0d624-45f9-450c-a9c7-b0dff0126314'	System	16 Sep 2020 00:26:41
User entered 'No (N)'	System	16 Sep 2020 00:26:41

Folder: Diary Dose 1 (1) Form: Temperature\_Day(5)

Generated On: 11 Aug 2021 22:35:20

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-15T19:26:37', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '3dc0d624-45f9-450c-a9c7-b0dff0126314'	System	16 Sep 2020 00:26:41
User entered '15 Sep 2020 19:26'	System	16 Sep 2020 00:26:41

Folder: Diary Dose 1 (1) Form: Temperature\_Day(5)

Generated On: 11 Aug 2021 22:35:20

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '15 Sep 2020 12:00'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1) Form: Temperature\_Day(5)

Generated On: 11 Aug 2021 22:35:20

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '16 Sep 2020 11:59'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1) Form: Temperature\_Day(6)

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
Data entry locked.	System	11 Sep 2020 22:20:22
User entered 'Day 6'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1) Form: Temperature\_Day(6)

Generated On: 11 Aug 2021 22:35:20

Was TEMPERATURE taken?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-16T18:44:38', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '1ab8e85f-780f-4f37-8b64-378c4561014c'	System	16 Sep 2020 23:44:47
User entered 'Yes (Y)'	System	16 Sep 2020 23:44:47

Folder: Diary Dose 1 (1) Form: Temperature\_Day(6)

Generated On: 11 Aug 2021 22:35:20 Please record your TEMPERATURE in °F

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-16T18:44:41', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'lab8e85f-780f-4f37-8b64-378c4561014c'	System	16 Sep 2020 23:44:47
User entered '97.4'	System	16 Sep 2020 23:44:47

Folder: Diary Dose 1 (1) Form: Temperature\_Day(6)

Generated On: 11 Aug 2021 22:35:20

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-16T18:44:43', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '1ab8e85f-780f-4f37-8b64-378c4561014c'	System	16 Sep 2020 23:44:47
User entered 'No (N)'	System	16 Sep 2020 23:44:47

Folder: Diary Dose 1 (1) Form: Temperature\_Day(6)

Generated On: 11 Aug 2021 22:35:20

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-16T18:44:45', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '1ab8e85f-780f-4f37-8b64-378c4561014c'	System	16 Sep 2020 23:44:47
User entered '16 Sep 2020 18:44'	System	16 Sep 2020 23:44:47

Folder: Diary Dose 1 (1) Form: Temperature\_Day(6)

Generated On: 11 Aug 2021 22:35:20

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '16 Sep 2020 12:00'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1) Form: Temperature\_Day(6)

Generated On: 11 Aug 2021 22:35:20

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '17 Sep 2020 11:59'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1) Form: Temperature\_Day(7)

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
Data entry locked.	System	11 Sep 2020 22:20:22
User entered 'Day 7'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1) Form: Temperature\_Day(7)

Generated On: 11 Aug 2021 22:35:20

Was TEMPERATURE taken?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-17T18:12:12', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'ae12abb3-fe1c-417d-a061-f52380478a3a'	System	17 Sep 2020 23:12:25
User entered 'Yes (Y)'	System	17 Sep 2020 23:12:25

Folder: Diary Dose 1 (1) Form: Temperature\_Day(7)

Generated On: 11 Aug 2021 22:35:20 Please record your TEMPERATURE in °F

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-17T18:12:15', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'ae12abb3-fe1c-417d-a061-f52380478a3a'	System	17 Sep 2020 23:12:25
User entered '96.3'	System	17 Sep 2020 23:12:25

Folder: Diary Dose 1 (1) Form: Temperature\_Day(7)

Generated On: 11 Aug 2021 22:35:20

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-17T18:12:18', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'ae12abb3-fe1c-417d-a061-f52380478a3a'	System	17 Sep 2020 23:12:25
User entered 'No (N)'	System	17 Sep 2020 23:12:25

Folder: Diary Dose 1 (1) Form: Temperature\_Day(7)

Generated On: 11 Aug 2021 22:35:20

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-17T18:12:20', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'ae12abb3-fe1c-417d-a061-f52380478a3a'	System	17 Sep 2020 23:12:25
User entered '17 Sep 2020 18:12'	System	17 Sep 2020 23:12:25

Folder: Diary Dose 1 (1) Form: Temperature\_Day(7)

Generated On: 11 Aug 2021 22:35:20

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '17 Sep 2020 12:00'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1) Form: Temperature\_Day(7)

Generated On: 11 Aug 2021 22:35:20

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '18 Sep 2020 11:59'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(1/1)

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
Data entry locked.	System	11 Sep 2020 22:20:22
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(1/1)

Generated On: 11 Aug 2021 22:35:20

Please record - PAIN AT INJECTION SITE.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-11T17:31:37', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '5bc2faca-13a6-47a7-879f-28449fe76f0b'	System	11 Sep 2020 22:32:54
User entered 'None (1)'	System	11 Sep 2020 22:32:54

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(1/1)

Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-11T17:31:56', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '5bc2faca-13a6-47a7-879f-28449fe76f0b'	System	11 Sep 2020 22:32:54
User entered 'No (N)'	System	11 Sep 2020 22:32:54

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(1/1)

Generated On: 11 Aug 2021 22:35:20

Is there any SWELLING/HARDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-11T17:31:58', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '5bc2faca-13a6-47a7-879f-28449fe76f0b'	System	11 Sep 2020 22:32:54
User entered 'No (N)'	System	11 Sep 2020 22:32:54

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(1/1)

Generated On: 11 Aug 2021 22:35:20

Please record - UNDERARM GLAND SWELLING OR TENDERNESS.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-11T17:32:21', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '5bc2faca-13a6-47a7-879f-28449fe76f0b'	System	11 Sep 2020 22:32:54
User entered 'None (1)'	System	11 Sep 2020 22:32:54

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(1/1)

Generated On: 11 Aug 2021 22:35:20

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-11T17:32:28', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '5bc2faca-13a6-47a7-879f-28449fe76f0b'	System	11 Sep 2020 22:32:54
User entered '11 Sep 2020 17:32'	System	11 Sep 2020 22:32:54

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(1/1)

Generated On: 11 Aug 2021 22:35:20

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '11 Sep 2020 17:15'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(1/1)

Generated On: 11 Aug 2021 22:35:20

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '11 Sep 2020 19:45'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(1/2)

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
Data entry locked.	System	11 Sep 2020 22:20:22
User entered 'Day 1, after vaccination (at home)'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1) Form: Injection Site\_Day(1/2)

Generated On: 11 Aug 2021 22:35:20

Please record - PAIN AT INJECTION SITE.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-11T21:12:56', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'e8f939a6-c8e3-45fa-9584-3be633628fa7'	System	12 Sep 2020 02:13:23
User entered 'None (1)'	System	12 Sep 2020 02:13:23

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(1/2)

Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-11T21:12:59', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'e8f939a6-c8e3-45fa-9584-3be633628fa7'	System	12 Sep 2020 02:13:23
User entered 'No (N)'	System	12 Sep 2020 02:13:23

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(1/2)

Generated On: 11 Aug 2021 22:35:20

Is there any SWELLING/HARDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-11T21:13:12', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'e8f939a6-c8e3-45fa-9584-3be633628fa7'	System	12 Sep 2020 02:13:23
User entered 'No (N)'	System	12 Sep 2020 02:13:23

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(1/2)

Generated On: 11 Aug 2021 22:35:20

Please record - UNDERARM GLAND SWELLING OR TENDERNESS.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-11T21:13:16', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'e8f939a6-c8e3-45fa-9584-3be633628fa7'	System	12 Sep 2020 02:13:23
User entered 'None (1)'	System	12 Sep 2020 02:13:23

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(1/2)

Generated On: 11 Aug 2021 22:35:20

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-11T21:13:19', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'e8f939a6-c8e3-45fa-9584-3be633628fa7'	System	12 Sep 2020 02:13:23
User entered '11 Sep 2020 21:13'	System	12 Sep 2020 02:13:23

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(1/2)

Generated On: 11 Aug 2021 22:35:20

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '11 Sep 2020 20:40'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(1/2)

Generated On: 11 Aug 2021 22:35:20

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '12 Sep 2020 11:59'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(2)

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
Data entry locked.	System	11 Sep 2020 22:20:22
User entered 'Day 2'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1) Form: Injection Site\_Day(2)

Generated On: 11 Aug 2021 22:35:20 Please record - PAIN AT INJECTION SITE.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-12T17:40:20', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '40901a07-df81-4ec0-ab1a-964a433d8148'	System	12 Sep 2020 22:40:33
User entered 'None (1)'	System	12 Sep 2020 22:40:33

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(2)

Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-12T17:40:22', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '40901a07-df81-4ec0-ab1a-964a433d8148'	System	12 Sep 2020 22:40:33
User entered 'No (N)'	System	12 Sep 2020 22:40:33

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(2)

Generated On: 11 Aug 2021 22:35:20

Is there any SWELLING/HARDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-12T17:40:24', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '40901a07-df81-4ec0-ab1a-964a433d8148'	System	12 Sep 2020 22:40:33
User entered 'No (N)'	System	12 Sep 2020 22:40:33

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(2)

Generated On: 11 Aug 2021 22:35:20

Please record - UNDERARM GLAND SWELLING OR TENDERNESS.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-12T17:40:26', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '40901a07-df81-4ec0-ab1a-964a433d8148'	System	12 Sep 2020 22:40:33
User entered 'None (1)'	System	12 Sep 2020 22:40:33

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(2)

Generated On: 11 Aug 2021 22:35:20

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-12T17:40:28', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '40901a07-df81-4ec0-ab1a-964a433d8148'	System	12 Sep 2020 22:40:33
User entered '12 Sep 2020 17:40'	System	12 Sep 2020 22:40:33

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(2)

Generated On: 11 Aug 2021 22:35:20

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '12 Sep 2020 12:00'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(2)

Generated On: 11 Aug 2021 22:35:20

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '13 Sep 2020 11:59'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(3)

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
Data entry locked.	System	11 Sep 2020 22:20:22
User entered 'Day 3'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1) Form: Injection Site\_Day(3)

Generated On: 11 Aug 2021 22:35:20 Please record - PAIN AT INJECTION SITE.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-13T17:26:33', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '52f492c7-8213-497f-bb46-afcfd3ae729e'	System	13 Sep 2020 22:26:53
User entered 'None (1)'	System	13 Sep 2020 22:26:53

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(3)

Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-13T17:26:35', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '52f492c7-8213-497f-bb46-afcfd3ae729e'	System	13 Sep 2020 22:26:53
User entered 'No (N)'	System	13 Sep 2020 22:26:53

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(3)

Generated On: 11 Aug 2021 22:35:20

Is there any SWELLING/HARDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-13T17:26:38', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '52f492c7-8213-497f-bb46-afcfd3ae729e'	System	13 Sep 2020 22:26:53
User entered 'No (N)'	System	13 Sep 2020 22:26:53

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(3)

Generated On: 11 Aug 2021 22:35:20

Please record - UNDERARM GLAND SWELLING OR TENDERNESS.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-13T17:26:42', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '52f492c7-8213-497f-bb46-afcfd3ae729e'	System	13 Sep 2020 22:26:53
User entered 'None (1)'	System	13 Sep 2020 22:26:53

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(3)

Generated On: 11 Aug 2021 22:35:20

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-13T17:26:51', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '52f492c7-8213-497f-bb46-afcfd3ae729e'	System	13 Sep 2020 22:26:53
User entered '13 Sep 2020 17:26'	System	13 Sep 2020 22:26:53

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(3)

Generated On: 11 Aug 2021 22:35:20

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '13 Sep 2020 12:00'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(3)

Generated On: 11 Aug 2021 22:35:20

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '14 Sep 2020 11:59'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(4)

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
Data entry locked.	System	11 Sep 2020 22:20:22
User entered 'Day 4'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(4)

Generated On: 11 Aug 2021 22:35:20 Please record - PAIN AT INJECTION SITE.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-14T19:12:23', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'e9329d24-06be-4734-974a-12bdc3f3a673'	System	15 Sep 2020 00:12:35
User entered 'None (1)'	System	15 Sep 2020 00:12:35

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(4)

Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-14T19:12:25', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'e9329d24-06be-4734-974a-12bdc3f3a673'	System	15 Sep 2020 00:12:35
User entered 'No (N)'	System	15 Sep 2020 00:12:35

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(4)

Generated On: 11 Aug 2021 22:35:20

Is there any SWELLING/HARDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-14T19:12:27', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'e9329d24-06be-4734-974a-12bdc3f3a673'	System	15 Sep 2020 00:12:35
User entered 'No (N)'	System	15 Sep 2020 00:12:35

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(4)

Generated On: 11 Aug 2021 22:35:20

Please record - UNDERARM GLAND SWELLING OR TENDERNESS.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-14T19:12:29', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'e9329d24-06be-4734-974a-12bdc3f3a673'	System	15 Sep 2020 00:12:35
User entered 'None (1)'	System	15 Sep 2020 00:12:35

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(4)

Generated On: 11 Aug 2021 22:35:20

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-14T19:12:31', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'e9329d24-06be-4734-974a-12bdc3f3a673'	System	15 Sep 2020 00:12:35
User entered '14 Sep 2020 19:12'	System	15 Sep 2020 00:12:35

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(4)

Generated On: 11 Aug 2021 22:35:20

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '14 Sep 2020 12:00'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(4)

Generated On: 11 Aug 2021 22:35:20

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '15 Sep 2020 11:59'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(5)

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
Data entry locked.	System	11 Sep 2020 22:20:22
User entered 'Day 5'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(5)

Generated On: 11 Aug 2021 22:35:20 Please record - PAIN AT INJECTION SITE.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-15T19:26:40', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'f5c4e502-aad9-49dc-b44e-8c9d768f58e6'	System	16 Sep 2020 00:26:50
User entered 'None (1)'	System	16 Sep 2020 00:26:50

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(5)

Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-15T19:26:43', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'f5c4e502-aad9-49dc-b44e-8c9d768f58e6'	System	16 Sep 2020 00:26:50
User entered 'No (N)'	System	16 Sep 2020 00:26:50

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(5)

Generated On: 11 Aug 2021 22:35:20

Is there any SWELLING/HARDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-15T19:26:44', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'f5c4e502-aad9-49dc-b44e-8c9d768f58e6'	System	16 Sep 2020 00:26:50
User entered 'No (N)'	System	16 Sep 2020 00:26:50

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(5)

Generated On: 11 Aug 2021 22:35:20

Please record - UNDERARM GLAND SWELLING OR TENDERNESS.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-15T19:26:45', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'f5c4e502-aad9-49dc-b44e-8c9d768f58e6'	System	16 Sep 2020 00:26:50
User entered 'None (1)'	System	16 Sep 2020 00:26:50

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(5)

Generated On: 11 Aug 2021 22:35:20

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-15T19:26:47', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'f5c4e502-aad9-49dc-b44e-8c9d768f58e6'	System	16 Sep 2020 00:26:50
User entered '15 Sep 2020 19:26'	System	16 Sep 2020 00:26:50

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(5)

Generated On: 11 Aug 2021 22:35:20

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '15 Sep 2020 12:00'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(5)

Generated On: 11 Aug 2021 22:35:20

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '16 Sep 2020 11:59'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1) Form: Injection Site\_Day(6)

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
Data entry locked.	System	11 Sep 2020 22:20:22
User entered 'Day 6'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1) Form: Injection Site\_Day(6)

Generated On: 11 Aug 2021 22:35:20 Please record - PAIN AT INJECTION SITE.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-16T18:44:59', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '609cfbe1-7a69-42b5-a776-e9fb38c9d527'	System	16 Sep 2020 23:45:08
User entered 'None (1)'	System	16 Sep 2020 23:45:08

Folder: Diary Dose 1 (1) Form: Injection Site\_Day(6)

Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-16T18:45:00', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '609cfbe1-7a69-42b5-a776-e9fb38c9d527'	System	16 Sep 2020 23:45:08
User entered 'No (N)'	System	16 Sep 2020 23:45:08

Folder: Diary Dose 1 (1) Form: Injection Site\_Day(6)

Generated On: 11 Aug 2021 22:35:20

Is there any SWELLING/HARDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-16T18:45:02', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '609cfbe1-7a69-42b5-a776-e9fb38c9d527'	System	16 Sep 2020 23:45:08
User entered 'No (N)'	System	16 Sep 2020 23:45:08

Folder: Diary Dose 1 (1) Form: Injection Site\_Day(6)

Generated On: 11 Aug 2021 22:35:20

Please record - UNDERARM GLAND SWELLING OR TENDERNESS.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-16T18:45:03', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '609cfbe1-7a69-42b5-a776-e9fb38c9d527'	System	16 Sep 2020 23:45:08
User entered 'None (1)'	System	16 Sep 2020 23:45:08

Folder: Diary Dose 1 (1) Form: Injection Site\_Day(6)

Generated On: 11 Aug 2021 22:35:20

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-16T18:45:04', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '609cfbe1-7a69-42b5-a776-e9fb38c9d527'	System	16 Sep 2020 23:45:08
User entered '16 Sep 2020 18:45'	System	16 Sep 2020 23:45:08

Folder: Diary Dose 1 (1) Form: Injection Site\_Day(6)

Generated On: 11 Aug 2021 22:35:20

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '16 Sep 2020 12:00'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1) Form: Injection Site\_Day(6)

Generated On: 11 Aug 2021 22:35:20

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '17 Sep 2020 11:59'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1) Form: Injection Site\_Day(7)

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
Data entry locked.	System	11 Sep 2020 22:20:22
User entered 'Day 7'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1) Form: Injection Site\_Day(7)

Generated On: 11 Aug 2021 22:35:20 Please record - PAIN AT INJECTION SITE.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-17T18:11:43', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '449fb6b2-ebfc-47f4-ac73-40a4af51e300'	System	17 Sep 2020 23:12:01
User entered 'None (1)'	System	17 Sep 2020 23:12:01

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(7)

Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-17T18:11:45', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '449fb6b2-ebfc-47f4-ac73-40a4af51e300'	System	17 Sep 2020 23:12:01
User entered 'No (N)'	System	17 Sep 2020 23:12:01

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(7)

Generated On: 11 Aug 2021 22:35:20

Is there any SWELLING/HARDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-17T18:11:46', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '449fb6b2-ebfc-47f4-ac73-40a4af51e300'	System	17 Sep 2020 23:12:01
User entered 'No (N)'	System	17 Sep 2020 23:12:01

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(7)

Generated On: 11 Aug 2021 22:35:20

Please record - UNDERARM GLAND SWELLING OR TENDERNESS.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-17T18:11:48', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '449fb6b2-ebfc-47f4-ac73-40a4af51e300'	System	17 Sep 2020 23:12:01
User entered 'None (1)'	System	17 Sep 2020 23:12:01

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(7)

Generated On: 11 Aug 2021 22:35:20

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-17T18:11:49', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '449fb6b2-ebfc-47f4-ac73-40a4af51e300'	System	17 Sep 2020 23:12:01
User entered '17 Sep 2020 18:11'	System	17 Sep 2020 23:12:01

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(7)

Generated On: 11 Aug 2021 22:35:20

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '17 Sep 2020 12:00'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1) Form: Injection Site\_Day(7)

Generated On: 11 Aug 2021 22:35:20

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '18 Sep 2020 11:59'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1) Form: General\_Day(1/1)

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
Data entry locked.	System	11 Sep 2020 22:20:22
User entered 'Day 1, 30 Minutes after vaccination (at	System	11 Sep 2020 22:20:22
study clinic)'		

Folder: Diary Dose 1 (1) Form: General\_Day(1/1)

Generated On: 11 Aug 2021 22:35:20

HEADACHE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-11T17:32:52', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'e44faeaa-3512-4d7b-8938-21931b6ae13e'	System	11 Sep 2020 22:33:21
User entered 'None (0)'	System	11 Sep 2020 22:33:21

Folder: Diary Dose 1 (1)
Form: General\_Day(1/1)

Generated On: 11 Aug 2021 22:35:20

**FATIGUE** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-11T17:32:58', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'e44faeaa-3512-4d7b-8938-21931b6ae13e'	System	11 Sep 2020 22:33:21
User entered 'None (0)'	System	11 Sep 2020 22:33:21

Folder: Diary Dose 1 (1)
Form: General\_Day(1/1)

Generated On: 11 Aug 2021 22:35:20 MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-11T17:33:00', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'e44faeaa-3512-4d7b-8938-21931b6ae13e'	System	11 Sep 2020 22:33:21
User entered 'None (0)'	System	11 Sep 2020 22:33:21

Folder: Diary Dose 1 (1)
Form: General\_Day(1/1)

Generated On: 11 Aug 2021 22:35:20 JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-11T17:33:02', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'e44faeaa-3512-4d7b-8938-21931b6ae13e'	System	11 Sep 2020 22:33:21
User entered 'None (0)'	System	11 Sep 2020 22:33:21

Folder: Diary Dose 1 (1) Form: General\_Day(1/1)

Generated On: 11 Aug 2021 22:35:20

**NAUSEA/VOMITING** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-11T17:33:04', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'e44faeaa-3512-4d7b-8938-21931b6ae13e'	System	11 Sep 2020 22:33:21
User entered 'None (0)'	System	11 Sep 2020 22:33:21

Folder: Diary Dose 1 (1)
Form: General\_Day(1/1)

Generated On: 11 Aug 2021 22:35:20

**CHILLS** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-11T17:33:06', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'e44faeaa-3512-4d7b-8938-21931b6ae13e'	System	11 Sep 2020 22:33:21
User entered 'None (0)'	System	11 Sep 2020 22:33:21

Folder: Diary Dose 1 (1) Form: General\_Day(1/1)

Generated On: 11 Aug 2021 22:35:20

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)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-11T17:33:10', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'e44faeaa-3512-4d7b-8938-21931b6ae13e'	System	11 Sep 2020 22:33:21
User entered 'No (N)'	System	11 Sep 2020 22:33:21

Folder: Diary Dose 1 (1)
Form: General\_Day(1/1)

Generated On: 11 Aug 2021 22:35:20

PC Time stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-11T17:33:14', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'e44faeaa-3512-4d7b-8938-21931b6ae13e'	System	11 Sep 2020 22:33:21
User entered '11 Sep 2020 17:33'	System	11 Sep 2020 22:33:21

Folder: Diary Dose 1 (1)
Form: General\_Day(1/1)

Generated On: 11 Aug 2021 22:35:20

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '11 Sep 2020 17:15'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1) Form: General\_Day(1/1)

Generated On: 11 Aug 2021 22:35:20

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '11 Sep 2020 19:45'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1) Form: General\_Day(1/2)

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
Data entry locked.	System	11 Sep 2020 22:20:22
User entered 'Day 1, after vaccination (at home)'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1) Form: General\_Day(1/2)

Generated On: 11 Aug 2021 22:35:20

HEADACHE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-11T21:13:23', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'b68ece73-b168-431c-9b01-b3c81ed5d963'	System	12 Sep 2020 02:13:44
User entered 'None (0)'	System	12 Sep 2020 02:13:44

Folder: Diary Dose 1 (1) Form: General\_Day(1/2)

Generated On: 11 Aug 2021 22:35:20

**FATIGUE** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-11T21:13:25', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'b68ece73-b168-431c-9b01-b3c81ed5d963'	System	12 Sep 2020 02:13:44
User entered 'None (0)'	System	12 Sep 2020 02:13:44

Folder: Diary Dose 1 (1) Form: General\_Day(1/2)

Generated On: 11 Aug 2021 22:35:20 MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-11T21:13:27', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'b68ece73-b168-431c-9b01-b3c81ed5d963'	System	12 Sep 2020 02:13:44
User entered 'None (0)'	System	12 Sep 2020 02:13:44

Folder: Diary Dose 1 (1) Form: General\_Day(1/2)

Generated On: 11 Aug 2021 22:35:20 JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-11T21:13:29', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'b68ece73-b168-431c-9b01-b3c81ed5d963'	System	12 Sep 2020 02:13:44
User entered 'None (0)'	System	12 Sep 2020 02:13:44

Folder: Diary Dose 1 (1) Form: General\_Day(1/2)

Generated On: 11 Aug 2021 22:35:20

**NAUSEA/VOMITING** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-11T21:13:32', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'b68ece73-b168-431c-9b01-b3c81ed5d963'	System	12 Sep 2020 02:13:44
User entered 'None (0)'	System	12 Sep 2020 02:13:44

Folder: Diary Dose 1 (1) Form: General\_Day(1/2)

Generated On: 11 Aug 2021 22:35:20

**CHILLS** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-11T21:13:34', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'b68ece73-b168-431c-9b01-b3c81ed5d963'	System	12 Sep 2020 02:13:44
User entered 'None (0)'	System	12 Sep 2020 02:13:44

Folder: Diary Dose 1 (1) Form: General\_Day(1/2)

Generated On: 11 Aug 2021 22:35:20

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)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-11T21:13:37', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'b68ece73-b168-431c-9b01-b3c81ed5d963'	System	12 Sep 2020 02:13:44
User entered 'No (N)'	System	12 Sep 2020 02:13:44

Folder: Diary Dose 1 (1) Form: General\_Day(1/2)

Generated On: 11 Aug 2021 22:35:20

PC Time stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-11T21:13:40', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'b68ece73-b168-431c-9b01-b3c81ed5d963'	System	12 Sep 2020 02:13:44
User entered '11 Sep 2020 21:13'	System	12 Sep 2020 02:13:44

Folder: Diary Dose 1 (1) Form: General\_Day(1/2)

Generated On: 11 Aug 2021 22:35:20

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '11 Sep 2020 20:40'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1) Form: General\_Day(1/2)

Generated On: 11 Aug 2021 22:35:20

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '12 Sep 2020 11:59'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: General\_Day(2)

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
Data entry locked.	System	11 Sep 2020 22:20:22
User entered 'Day 2'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: General\_Day(2)

Generated On: 11 Aug 2021 22:35:20

HEADACHE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-12T17:40:38', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '315fde22-302e-429b-81e4-d069925ad28e'	System	12 Sep 2020 22:41:10
User entered 'No interference with activity (1)'	System	12 Sep 2020 22:41:10

Folder: Diary Dose 1 (1)
Form: General\_Day(2)

Generated On: 11 Aug 2021 22:35:20

**FATIGUE** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-12T17:40:41', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '315fde22-302e-429b-81e4-d069925ad28e'	System	12 Sep 2020 22:41:10
User entered 'Some interference with activity (2)'	System	12 Sep 2020 22:41:10

Folder: Diary Dose 1 (1)
Form: General\_Day(2)

Generated On: 11 Aug 2021 22:35:20 MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-12T17:40:46', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '315fde22-302e-429b-81e4-d069925ad28e'	System	12 Sep 2020 22:41:10
User entered 'Some interference with activity (2)'	System	12 Sep 2020 22:41:10

Folder: Diary Dose 1 (1)
Form: General\_Day(2)

Generated On: 11 Aug 2021 22:35:20 JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-12T17:40:49', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '315fde22-302e-429b-81e4-d069925ad28e'	System	12 Sep 2020 22:41:10
User entered 'None (0)'	System	12 Sep 2020 22:41:10

Folder: Diary Dose 1 (1)
Form: General\_Day(2)

Generated On: 11 Aug 2021 22:35:20

**NAUSEA/VOMITING** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-12T17:40:51', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '315fde22-302e-429b-81e4-d069925ad28e'	System	12 Sep 2020 22:41:10
User entered 'None (0)'	System	12 Sep 2020 22:41:10

Folder: Diary Dose 1 (1)
Form: General\_Day(2)

Generated On: 11 Aug 2021 22:35:20

**CHILLS** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-12T17:41:01', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '315fde22-302e-429b-81e4-d069925ad28e'	System	12 Sep 2020 22:41:10
User entered 'No interference with activity (1)'	System	12 Sep 2020 22:41:10

Folder: Diary Dose 1 (1) Form: General\_Day(2)

Generated On: 11 Aug 2021 22:35:20

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)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-12T17:41:06', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '315fde22-302e-429b-81e4-d069925ad28e'	System	12 Sep 2020 22:41:10
User entered 'No (N)'	System	12 Sep 2020 22:41:10

Folder: Diary Dose 1 (1)
Form: General\_Day(2)

Generated On: 11 Aug 2021 22:35:20

PC Time stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-12T17:41:08', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '315fde22-302e-429b-81e4-d069925ad28e'	System	12 Sep 2020 22:41:10
User entered '12 Sep 2020 17:41'	System	12 Sep 2020 22:41:10

Folder: Diary Dose 1 (1) Form: General\_Day(2)

Generated On: 11 Aug 2021 22:35:20

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '12 Sep 2020 12:00'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: General\_Day(2)

Generated On: 11 Aug 2021 22:35:20

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '13 Sep 2020 11:59'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: General\_Day(3)

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
Data entry locked.	System	11 Sep 2020 22:20:22
User entered 'Day 3'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: General\_Day(3)

Generated On: 11 Aug 2021 22:35:20

HEADACHE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-13T17:25:48', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'ee94413a-0fbf-4243-ac36-0837f63d3404'	System	13 Sep 2020 22:26:11
User entered 'None (0)'	System	13 Sep 2020 22:26:11

Folder: Diary Dose 1 (1)
Form: General\_Day(3)

Generated On: 11 Aug 2021 22:35:20

**FATIGUE** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-13T17:25:50', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'ee94413a-0fbf-4243-ac36-0837f63d3404'	System	13 Sep 2020 22:26:11
User entered 'None (0)'	System	13 Sep 2020 22:26:11

Folder: Diary Dose 1 (1)
Form: General\_Day(3)

Generated On: 11 Aug 2021 22:35:20 MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-13T17:25:52', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'ee94413a-0fbf-4243-ac36-0837f63d3404'	System	13 Sep 2020 22:26:11
User entered 'None (0)'	System	13 Sep 2020 22:26:11

Folder: Diary Dose 1 (1)
Form: General\_Day(3)

Generated On: 11 Aug 2021 22:35:20 JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-13T17:25:57', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'ee94413a-0fbf-4243-ac36-0837f63d3404'	System	13 Sep 2020 22:26:11
User entered 'None (0)'	System	13 Sep 2020 22:26:11

Folder: Diary Dose 1 (1)
Form: General\_Day(3)

Generated On: 11 Aug 2021 22:35:20

**NAUSEA/VOMITING** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-13T17:25:59', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'ee94413a-0fbf-4243-ac36-0837f63d3404'	System	13 Sep 2020 22:26:11
User entered 'None (0)'	System	13 Sep 2020 22:26:11

Folder: Diary Dose 1 (1)
Form: General\_Day(3)

Generated On: 11 Aug 2021 22:35:20

**CHILLS** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-13T17:26:01', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'ee94413a-0fbf-4243-ac36-0837f63d3404'	System	13 Sep 2020 22:26:11
User entered 'None (0)'	System	13 Sep 2020 22:26:11

Folder: Diary Dose 1 (1) Form: General\_Day(3)

Generated On: 11 Aug 2021 22:35:20

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)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-13T17:26:05', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'ee94413a-0fbf-4243-ac36-0837f63d3404'	System	13 Sep 2020 22:26:11
User entered 'No (N)'	System	13 Sep 2020 22:26:11

Folder: Diary Dose 1 (1)
Form: General\_Day(3)

Generated On: 11 Aug 2021 22:35:20

PC Time stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-13T17:26:09', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'ee94413a-0fbf-4243-ac36-0837f63d3404'	System	13 Sep 2020 22:26:11
User entered '13 Sep 2020 17:26'	System	13 Sep 2020 22:26:11

Folder: Diary Dose 1 (1) Form: General\_Day(3)

Generated On: 11 Aug 2021 22:35:20

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '13 Sep 2020 12:00'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: General\_Day(3)

Generated On: 11 Aug 2021 22:35:20

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '14 Sep 2020 11:59'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: General\_Day(4)

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
Data entry locked.	System	11 Sep 2020 22:20:22
User entered 'Day 4'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: General\_Day(4)

Generated On: 11 Aug 2021 22:35:20

HEADACHE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-14T19:12:34', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '7d6db307-5984-4430-a371-8deeef829b9f'	System	15 Sep 2020 00:12:53
User entered 'None (0)'	System	15 Sep 2020 00:12:53

Folder: Diary Dose 1 (1)
Form: General\_Day(4)

Generated On: 11 Aug 2021 22:35:20

**FATIGUE** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-14T19:12:36', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '7d6db307-5984-4430-a371-8deeef829b9f'	System	15 Sep 2020 00:12:53
User entered 'None (0)'	System	15 Sep 2020 00:12:53

Folder: Diary Dose 1 (1)
Form: General\_Day(4)

Generated On: 11 Aug 2021 22:35:20 MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-14T19:12:38', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '7d6db307-5984-4430-a371-8deeef829b9f'	System	15 Sep 2020 00:12:53
User entered 'None (0)'	System	15 Sep 2020 00:12:53

Folder: Diary Dose 1 (1)
Form: General\_Day(4)

Generated On: 11 Aug 2021 22:35:20 JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-14T19:12:39', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '7d6db307-5984-4430-a371-8deeef829b9f'	System	15 Sep 2020 00:12:53
User entered 'None (0)'	System	15 Sep 2020 00:12:53

Folder: Diary Dose 1 (1)
Form: General\_Day(4)

Generated On: 11 Aug 2021 22:35:20

**NAUSEA/VOMITING** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-14T19:12:40', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '7d6db307-5984-4430-a371-8deeef829b9f'	System	15 Sep 2020 00:12:53
User entered 'None (0)'	System	15 Sep 2020 00:12:53

Folder: Diary Dose 1 (1)
Form: General\_Day(4)

Generated On: 11 Aug 2021 22:35:20

**CHILLS** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-14T19:12:41', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '7d6db307-5984-4430-a371-8deeef829b9f'	System	15 Sep 2020 00:12:53
User entered 'None (0)'	System	15 Sep 2020 00:12:53

Folder: Diary Dose 1 (1) Form: General\_Day(4)

Generated On: 11 Aug 2021 22:35:20

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)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-14T19:12:45', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '7d6db307-5984-4430-a371-8deeef829b9f'	System	15 Sep 2020 00:12:53
User entered 'No (N)'	System	15 Sep 2020 00:12:53

Folder: Diary Dose 1 (1)
Form: General\_Day(4)

Generated On: 11 Aug 2021 22:35:20

PC Time stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-14T19:12:49', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '7d6db307-5984-4430-a371-8deeef829b9f'	System	15 Sep 2020 00:12:53
User entered '14 Sep 2020 19:12'	System	15 Sep 2020 00:12:53

Folder: Diary Dose 1 (1)
Form: General\_Day(4)

Generated On: 11 Aug 2021 22:35:20

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '14 Sep 2020 12:00'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: General\_Day(4)

Generated On: 11 Aug 2021 22:35:20

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '15 Sep 2020 11:59'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: General\_Day(5)

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
Data entry locked.	System	11 Sep 2020 22:20:22
User entered 'Day 5'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: General\_Day(5)

Generated On: 11 Aug 2021 22:35:20

HEADACHE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-15T19:26:50', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '45c2f992-6f32-49af-86f6-bd1d4e797dbb'	System	16 Sep 2020 00:27:07
User entered 'None (0)'	System	16 Sep 2020 00:27:07

Folder: Diary Dose 1 (1)
Form: General\_Day(5)

Generated On: 11 Aug 2021 22:35:20

**FATIGUE** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-15T19:26:51', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '45c2f992-6f32-49af-86f6-bd1d4e797dbb'	System	16 Sep 2020 00:27:07
User entered 'None (0)'	System	16 Sep 2020 00:27:07

Folder: Diary Dose 1 (1) Form: General\_Day(5)

Generated On: 11 Aug 2021 22:35:20 MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-15T19:26:53', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '45c2f992-6f32-49af-86f6-bd1d4e797dbb'	System	16 Sep 2020 00:27:07
User entered 'None (0)'	System	16 Sep 2020 00:27:07

Folder: Diary Dose 1 (1)
Form: General\_Day(5)

Generated On: 11 Aug 2021 22:35:20 JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-15T19:26:55', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '45c2f992-6f32-49af-86f6-bd1d4e797dbb'	System	16 Sep 2020 00:27:07
User entered 'None (0)'	System	16 Sep 2020 00:27:07

Folder: Diary Dose 1 (1) Form: General\_Day(5)

Generated On: 11 Aug 2021 22:35:20

**NAUSEA/VOMITING** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-15T19:26:57', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '45c2f992-6f32-49af-86f6-bd1d4e797dbb'	System	16 Sep 2020 00:27:07
User entered 'None (0)'	System	16 Sep 2020 00:27:07

Folder: Diary Dose 1 (1)
Form: General\_Day(5)

Generated On: 11 Aug 2021 22:35:20

**CHILLS** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-15T19:26:58', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '45c2f992-6f32-49af-86f6-bd1d4e797dbb'	System	16 Sep 2020 00:27:07
User entered 'None (0)'	System	16 Sep 2020 00:27:07

Folder: Diary Dose 1 (1) Form: General\_Day(5)

Generated On: 11 Aug 2021 22:35:20

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)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-15T19:27:02', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '45c2f992-6f32-49af-86f6-bd1d4e797dbb'	System	16 Sep 2020 00:27:07
User entered 'No (N)'	System	16 Sep 2020 00:27:07

Folder: Diary Dose 1 (1)
Form: General\_Day(5)

Generated On: 11 Aug 2021 22:35:20

PC Time stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-15T19:27:03', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '45c2f992-6f32-49af-86f6-bd1d4e797dbb'	System	16 Sep 2020 00:27:07
User entered '15 Sep 2020 19:27'	System	16 Sep 2020 00:27:07

Folder: Diary Dose 1 (1)
Form: General\_Day(5)

Generated On: 11 Aug 2021 22:35:20

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '15 Sep 2020 12:00'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: General\_Day(5)

Generated On: 11 Aug 2021 22:35:20

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '16 Sep 2020 11:59'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: General\_Day(6)

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
Data entry locked.	System	11 Sep 2020 22:20:22
User entered 'Day 6'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: General\_Day(6)

Generated On: 11 Aug 2021 22:35:20

HEADACHE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-16T18:44:47', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'fd251c87-43ba-4202-b49a-0402622c4b9e'	System	16 Sep 2020 23:44:59
User entered 'None (0)'	System	16 Sep 2020 23:44:59

Folder: Diary Dose 1 (1)
Form: General\_Day(6)

Generated On: 11 Aug 2021 22:35:20

**FATIGUE** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-16T18:44:48', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'fd251c87-43ba-4202-b49a-0402622c4b9e'	System	16 Sep 2020 23:44:59
User entered 'None (0)'	System	16 Sep 2020 23:44:59

Folder: Diary Dose 1 (1)
Form: General\_Day(6)

Generated On: 11 Aug 2021 22:35:20 MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-16T18:44:49', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'fd251c87-43ba-4202-b49a-0402622c4b9e'	System	16 Sep 2020 23:44:59
User entered 'None (0)'	System	16 Sep 2020 23:44:59

Folder: Diary Dose 1 (1)
Form: General\_Day(6)

Generated On: 11 Aug 2021 22:35:20 JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-16T18:44:50', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'fd251c87-43ba-4202-b49a-0402622c4b9e'	System	16 Sep 2020 23:44:59
User entered 'None (0)'	System	16 Sep 2020 23:44:59

Folder: Diary Dose 1 (1)
Form: General\_Day(6)

Generated On: 11 Aug 2021 22:35:20

**NAUSEA/VOMITING** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-16T18:44:51', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'fd251c87-43ba-4202-b49a-0402622c4b9e'	System	16 Sep 2020 23:44:59
User entered 'None (0)'	System	16 Sep 2020 23:44:59

Folder: Diary Dose 1 (1)
Form: General\_Day(6)

Generated On: 11 Aug 2021 22:35:20

**CHILLS** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-16T18:44:53', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'fd251c87-43ba-4202-b49a-0402622c4b9e'	System	16 Sep 2020 23:44:59
User entered 'None (0)'	System	16 Sep 2020 23:44:59

Folder: Diary Dose 1 (1) Form: General\_Day(6)

Generated On: 11 Aug 2021 22:35:20

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)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-16T18:44:55', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'fd251c87-43ba-4202-b49a-0402622c4b9e'	System	16 Sep 2020 23:44:59
User entered 'No (N)'	System	16 Sep 2020 23:44:59

Folder: Diary Dose 1 (1)
Form: General\_Day(6)

Generated On: 11 Aug 2021 22:35:20

PC Time stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-16T18:44:56', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: 'fd251c87-43ba-4202-b49a-0402622c4b9e'	System	16 Sep 2020 23:44:59
User entered '16 Sep 2020 18:44'	System	16 Sep 2020 23:44:59

Folder: Diary Dose 1 (1) Form: General\_Day(6)

Generated On: 11 Aug 2021 22:35:20

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '16 Sep 2020 12:00'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: General\_Day(6)

Generated On: 11 Aug 2021 22:35:20

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '17 Sep 2020 11:59'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: General\_Day(7)

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
Data entry locked.	System	11 Sep 2020 22:20:22
User entered 'Day 7'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: General\_Day(7)

Generated On: 11 Aug 2021 22:35:20

HEADACHE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-17T18:11:52', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '3cbf7338-5e7f-4432-b278-889dd751a5dc'	System	17 Sep 2020 23:12:09
User entered 'None (0)'	System	17 Sep 2020 23:12:09

Folder: Diary Dose 1 (1)
Form: General\_Day(7)

Generated On: 11 Aug 2021 22:35:20

**FATIGUE** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-17T18:11:56', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '3cbf7338-5e7f-4432-b278-889dd751a5dc'	System	17 Sep 2020 23:12:09
User entered 'None (0)'	System	17 Sep 2020 23:12:09

Folder: Diary Dose 1 (1)
Form: General\_Day(7)

Generated On: 11 Aug 2021 22:35:20 MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-17T18:11:57', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '3cbf7338-5e7f-4432-b278-889dd751a5dc'	System	17 Sep 2020 23:12:09
User entered 'None (0)'	System	17 Sep 2020 23:12:09

Folder: Diary Dose 1 (1)
Form: General\_Day(7)

Generated On: 11 Aug 2021 22:35:20 JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-17T18:11:59', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '3cbf7338-5e7f-4432-b278-889dd751a5dc'	System	17 Sep 2020 23:12:09
User entered 'None (0)'	System	17 Sep 2020 23:12:09

Folder: Diary Dose 1 (1)
Form: General\_Day(7)

Generated On: 11 Aug 2021 22:35:20

**NAUSEA/VOMITING** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-17T18:12:00', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '3cbf7338-5e7f-4432-b278-889dd751a5dc'	System	17 Sep 2020 23:12:09
User entered 'None (0)'	System	17 Sep 2020 23:12:09

Folder: Diary Dose 1 (1)
Form: General\_Day(7)

Generated On: 11 Aug 2021 22:35:20

**CHILLS** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-17T18:12:02', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '3cbf7338-5e7f-4432-b278-889dd751a5dc'	System	17 Sep 2020 23:12:09
User entered 'None (0)'	System	17 Sep 2020 23:12:09

Folder: Diary Dose 1 (1) Form: General\_Day(7)

Generated On: 11 Aug 2021 22:35:20

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)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-17T18:12:04', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '3cbf7338-5e7f-4432-b278-889dd751a5dc'	System	17 Sep 2020 23:12:09
User entered 'No (N)'	System	17 Sep 2020 23:12:09

Folder: Diary Dose 1 (1)
Form: General\_Day(7)

Generated On: 11 Aug 2021 22:35:20

PC Time stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-09-17T18:12:06', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '3cbf7338-5e7f-4432-b278-889dd751a5dc'	System	17 Sep 2020 23:12:09
User entered '17 Sep 2020 18:12'	System	17 Sep 2020 23:12:09

Folder: Diary Dose 1 (1)
Form: General\_Day(7)

Generated On: 11 Aug 2021 22:35:20

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '17 Sep 2020 12:00'	System	11 Sep 2020 22:20:22

Folder: Diary Dose 1 (1)
Form: General\_Day(7)

Generated On: 11 Aug 2021 22:35:20

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
User entered '18 Sep 2020 11:59'	System	11 Sep 2020 22:20:22

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:29:51
User entered 'Yes (Y)'	Ethan Shotton (b) (4) (b) (4)	18 Sep 2020 20:19:12

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:29:51
User entered '18 Sep 2020'	Ethan Shotton (b) (4) (b) (4)	18 Sep 2020 20:19:12

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:29:51
User entered 'Contact Made (CONTACT MADE)'	Ethan Shotton (b) (4) (b) (4)	18 Sep 2020 20:19:12

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Comments

# If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:29:51
User entered empty.	Ethan Shotton (b) (4) (b) (4)	18 Sep 2020 20:19:12

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:20
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:29:58
User entered 'Yes (Y)'	Ethan Shotton (b) (4) (b) (4)	18 Sep 2020 20:19:16

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:20

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User entered '1'	System	18 Sep 2020 20:19:16

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:28:49
User entered 'Yes (Y)'	(b) (4), (b) (6)	25 Sep 2020 19:59:13

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:28:49
User entered '25 Sep 2020'	(b) (4), (b) (6)	25 Sep 2020 19:59:13

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:28:49
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	25 Sep 2020 19:59:13

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Comments

# If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:28:49
User entered empty.	(b) (4), (b) (6)	25 Sep 2020 19:59:13

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:20
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:28:56
User entered 'Yes (Y)'	(b) (4), (b) (6)	25 Sep 2020 19:59:20

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:20

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 16:08:41
User entered '1'	System	25 Sep 2020 19:59:20

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 12:01:34
Data entry locked.	(b) (4), (b) (6)	29 Apr 2021 11:58:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:28:00
User entered 'Yes (Y)'	Ethan Shotton (b) (4) (b) (4)	02 Oct 2020 19:16:13

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 12:01:34
Data entry locked.	(b) (4), (b) (6)	29 Apr 2021 11:58:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:28:00
User entered '2 Oct 2020'	Ethan Shotton (b) (4) (b) (4)	02 Oct 2020 19:16:13

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 12:01:34
Data entry locked.	(b) (4), (b) (6)	29 Apr 2021 11:58:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:28:00
User entered 'Contact Made (CONTACT MADE)'	Ethan Shotton (b) (4) (b) (4)	02 Oct 2020 19:16:13

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Comments

# If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 12:01:34
Data entry locked.	(b) (4), (b) (6)	29 Apr 2021 11:58:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:28:00
User entered empty.	Ethan Shotton (b) (4) (b) (4)	02 Oct 2020 19:16:13

Folder: Safety Call Day 22 (1)

**Form: Continuing** 

Generated On: 11 Aug 2021 22:35:20
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 12:01:34
Data entry locked.	(b) (4), (b) (6)	29 Apr 2021 11:58:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:28:05
User entered 'Yes (Y)'	Ethan Shotton (b) (4) (b) (4)	02 Oct 2020 19:16:17

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:20

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 12:01:34
Data entry locked.	(b) (4), (b) (6)	29 Apr 2021 11:58:03
User entered '1'	System	02 Oct 2020 19:16:17

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 11 Aug 2021 22:35:20

Was this visit performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:07:17
User entered 'Yes (Y)'	(b) (4), (b) (6)	13 Oct 2020 17:37:17

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 11 Aug 2021 22:35:20

Visit date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:07:17
User entered '13 Oct 2020'	(b) (4), (b) (6)	13 Oct 2020 17:37:17

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4) (b) (4), (b) (6)	26 Jan 2021 07:07:17
User entered 'Clinic (Clinic)'	(b) (4), (b) (6)	13 Oct 2020 17:37:17

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 11 Aug 2021 22:35:20

Folder OID

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User entered 'VISIT2'	System	13 Oct 2020 17:37:17

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

Generated On: 11 Aug 2021 22:35:20

Timepoint

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User accepted default value 'Pre-Dose (PREDOSE)'	John Luna (b) (4)	29 Jan 2021 19:13:55

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

Generated On: 11 Aug 2021 22:35:20

Were vital signs assessed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
DataPoint Verified.	(b) (4), (b) (6)	14 Apr 2021 01:00:58
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
User entered 'Yes (Y)'	John Luna (b) (4	29 Jan 2021 19:13:55

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

Generated On: 11 Aug 2021 22:35:20 Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
DataPoint Verified.	(b) (4), (b) (6)	14 Apr 2021 01:00:58
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
User entered '13 Oct 2020'	John Luna (b) (4)	29 Jan 2021 19:13:55

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

Generated On: 11 Aug 2021 22:35:20 Time of assessment (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
DataPoint Verified.	(b) (4), (b) (6)	14 Apr 2021 01:00:58
User signature succeeded.	Paul Pickrell (b) (4)	12 Feb 2021 23:55:06
User entered '09:25'	(b) (4) John Luna (b) (4	29 Jan 2021 19:13:55

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

Generated On: 11 Aug 2021 22:35:20 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User entered '13 Oct 2020 09:25'	System	29 Jan 2021 19:13:55

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

Generated On: 11 Aug 2021 22:35:20

Temperature (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
DataPoint Verified.	(b) (4), (b) (6)	14 Apr 2021 01:00:58
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
User entered '97.9' F	John Luna (b) (4)	29 Jan 2021 19:13:55

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

Generated On: 11 Aug 2021 22:35:20

Route of measurement

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
DataPoint Verified.	(b) (4), (b) (6)	14 Apr 2021 01:00:58
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
User entered 'Oral (Oral)'	John Luna (b) (4)	29 Jan 2021 19:13:55

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

Generated On: 11 Aug 2021 22:35:20

If Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
DataPoint Verified.	(b) (4), (b) (6)	14 Apr 2021 01:00:58
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
User entered empty.	John Luna (b) (4)	29 Jan 2021 19:13:55

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

Generated On: 11 Aug 2021 22:35:20

Pulse (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
DataPoint Verified.	(b) (4), (b) (6)	14 Apr 2021 01:00:58
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
User entered '76'	John Luna (b) (4)	29 Jan 2021 19:13:55

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

Generated On: 11 Aug 2021 22:35:20

Pulse units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User entered 'bpm'	System	29 Jan 2021 19:13:55

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

Generated On: 11 Aug 2021 22:35:20

Respiratory Rate (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
DataPoint Verified.	(b) (4), (b) (6)	14 Apr 2021 01:00:58
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
User entered '16'	John Luna (b) (4)	29 Jan 2021 19:13:55

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

Generated On: 11 Aug 2021 22:35:20

Respiratory Rate units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User entered 'breaths/min'	System	29 Jan 2021 19:13:55

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

Generated On: 11 Aug 2021 22:35:20

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
DataPoint Verified.	(b) (4), (b) (6)	14 Apr 2021 01:00:58
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
User entered '125'	John Luna (b) (4)	29 Jan 2021 19:13:55

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

Generated On: 11 Aug 2021 22:35:20

Systolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User entered 'mmHg'	System	29 Jan 2021 19:13:55

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

Generated On: 11 Aug 2021 22:35:20

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
DataPoint Verified.	(b) (4), (b) (6)	14 Apr 2021 01:00:58
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
User entered '86'	John Luna (b) (4)	29 Jan 2021 19:13:55

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

Generated On: 11 Aug 2021 22:35:20

Diastolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User entered 'mmHg'	System	29 Jan 2021 19:13:55

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

Generated On: 11 Aug 2021 22:35:20

Timepoint

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6	5) 27 Apr 2021 14:10:12
User accepted default value 'Post-Dose (POSTDOSE)'	John Luna (b)	) (4) 29 Jan 2021 19:13:55

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

Generated On: 11 Aug 2021 22:35:20

Were vital signs assessed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
DataPoint Verified.	(b) (4), (b) (6)	14 Apr 2021 01:00:58
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
User entered 'No (N)'	John Luna (b) (4)	29 Jan 2021 19:13:55

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

Generated On: 11 Aug 2021 22:35:20 Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
DataPoint Verified.	(b) (4), (b) (6)	14 Apr 2021 01:00:58
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
User entered empty.	John Luna (b) (4)	29 Jan 2021 19:13:55

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

Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
DataPoint Verified.	(b) (4), (b) (6)	14 Apr 2021 01:00:58
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
User entered empty.	John Luna (b) (4)	29 Jan 2021 19:13:55

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

Generated On: 11 Aug 2021 22:35:20 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User entered empty.	System	29 Jan 2021 19:13:55

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

Generated On: 11 Aug 2021 22:35:20

Temperature (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
DataPoint Verified.	(b) (4), (b) (6)	14 Apr 2021 01:00:58
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
User entered empty.	John Luna (b) (4)	29 Jan 2021 19:13:55

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

Generated On: 11 Aug 2021 22:35:20

Route of measurement

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
DataPoint Verified.	(b) (4), (b) (6)	14 Apr 2021 01:00:58
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
User entered empty.	John Luna (b) (4)	29 Jan 2021 19:13:55

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

Generated On: 11 Aug 2021 22:35:20

If Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
DataPoint Verified.	(b) (4), (b) (6)	14 Apr 2021 01:00:58
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
User entered empty.	John Luna (b) (4)	29 Jan 2021 19:13:55

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

Generated On: 11 Aug 2021 22:35:20

Pulse (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
DataPoint Verified.	(b) (4), (b) (6)	14 Apr 2021 01:00:58
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
User entered empty.	John Luna (b) (4)	29 Jan 2021 19:13:55

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

Generated On: 11 Aug 2021 22:35:20

Pulse units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User entered empty.	System	29 Jan 2021 19:13:55

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

Generated On: 11 Aug 2021 22:35:20

Respiratory Rate (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
DataPoint Verified.	(b) (4), (b) (6)	14 Apr 2021 01:00:58
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
User entered empty.	John Luna (b) (4)	29 Jan 2021 19:13:55

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

Generated On: 11 Aug 2021 22:35:20

Respiratory Rate units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User entered empty.	System	29 Jan 2021 19:13:55

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

Generated On: 11 Aug 2021 22:35:20

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
DataPoint Verified.	(b) (4), (b) (6)	14 Apr 2021 01:00:58
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
User entered empty.	John Luna (b) (4)	29 Jan 2021 19:13:55

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

Generated On: 11 Aug 2021 22:35:20

Systolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User entered empty.	System	29 Jan 2021 19:13:55

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

Generated On: 11 Aug 2021 22:35:20

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
DataPoint Verified.	(b) (4), (b) (6)	14 Apr 2021 01:00:58
User signature succeeded.	Paul Pickrell (b) (4)	12 Feb 2021 23:55:06
User entered empty.	(b) (4) John Luna (b) (4)	29 Jan 2021 19:13:55

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

Generated On: 11 Aug 2021 22:35:20

Diastolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User entered empty.	System	29 Jan 2021 19:13:55

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

Generated On: 11 Aug 2021 22:35:20 Was the physical examination performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
DataPoint Verified.	(b) (4), (b) (6)	14 Apr 2021 01:01:07
User signature succeeded.	Paul Pickrell (b) (4)	12 Feb 2021 23:55:06
User entered 'Yes (Y)'	(b) (4) (b) (4), (b) (6)	13 Oct 2020 17:37:42

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

Generated On: 11 Aug 2021 22:35:20 Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
DataPoint Verified.	(b) (4), (b) (6)	14 Apr 2021 01:01:07
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
User entered '13 Oct 2020'	(b) (4) (b) (4), (b) (6)	13 Oct 2020 17:37:42

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 22:35:20

Was study treatment given?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:07:52
User entered 'No (N)'	(b) (4), (b) (6)	13 Oct 2020 22:49:30

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 22:35:20

If No, reason not given

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:07:52
User entered 'Physician withheld dose due to Adverse Event (PHYSICIAN AE)'	e (b) (4), (b) (6)	13 Oct 2020 22:49:30

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 22:35:20

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

specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:07:52
User entered empty.	(b) (4), (b) (6)	13 Oct 2020 22:49:30

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 22:35:20

What was the study treatment?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User entered empty.	System	13 Oct 2020 22:49:30

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 22:35:20 What was the treatment date? (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:07:52
User entered empty.	(b) (4), (b) (6)	13 Oct 2020 22:49:30

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 22:35:20 What was the treatment time? (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:07:52
User entered empty.	(b) (4), (b) (6)	13 Oct 2020 22:49:30

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 22:35:20 Treatment Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User entered empty.	System	13 Oct 2020 22:49:30

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 22:35:20 Which arm was used to give treatment?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:07:52
User entered empty.	(b) (4), (b) (6)	13 Oct 2020 22:49:30

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 22:35:20

What was the frequency of the study treatment dosing?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:07:52
User entered empty.	System	13 Oct 2020 22:49:30

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 22:35:20

What was the route of administration for the study treatment?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User entered empty.	System	13 Oct 2020 22:49:30

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:20

Was the sample collected?

User	Time (GMT)
(b) (4), (b) (6)	27 Apr 2021 14:10:12
Paul Pickrell (b) (4)	12 Feb 2021 23:55:06
(b) (4) (b) (4), (b) (6)	26 Jan 2021 07:08:04
Morgan Schulle (b) (4)	28 Oct 2020 15:13:18
	(b) (4), (b) (6)  Paul Pickrell (b) (4) (b) (4) (b) (4), (b) (6)

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:20

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:08:04
User entered '13 Oct 2020'	Morgan Schulle (b) (4) (b) (4)	28 Oct 2020 15:13:18

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:20

Collection time (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:08:04
User entered '10:09'	Morgan Schulle (b) (4) (b) (4)	28 Oct 2020 15:13:18

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:20 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User entered '13 Oct 2020 10:09'	System	28 Oct 2020 15:13:18

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 11 Aug 2021 22:35:20

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
DataPoint Verified.	(b) (4), (b) (6)	14 Apr 2021 01:01:29
User signature succeeded.	Paul Pickrell (b) (4)	12 Feb 2021 23:55:06
User entered '13 Oct 2020'	(b) (4) Morgan Schulle (b) (4) (b) (4)	28 Oct 2020 15:13:32

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 11 Aug 2021 22:35:20

Lab Test

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User accepted default value 'Nasopharyngeal Swab 1 (NASAL1)'	Morgan Schulle (b) (4) (b) (4)	28 Oct 2020 15:13:32

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 11 Aug 2021 22:35:20

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
DataPoint Verified.	(b) (4), (b) (6)	14 Apr 2021 01:01:29
User signature succeeded.	Paul Pickrell (b) (4)	12 Feb 2021 23:55:06
User entered 'Yes (Y)'	(b) (4) Morgan Schulle (b) (4) (b) (4)	28 Oct 2020 15:13:32

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 11 Aug 2021 22:35:20

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
DataPoint Verified.	(b) (4), (b) (6)	14 Apr 2021 01:01:29
User signature succeeded.	Paul Pickrell (b) (4)	12 Feb 2021 23:55:06
User entered '10:11'	(b) (4) Morgan Schulle (b) (4) (b) (4)	28 Oct 2020 15:13:32

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 11 Aug 2021 22:35:20 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User entered '13 Oct 2020 10:11'	System	28 Oct 2020 15:13:32

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 11 Aug 2021 22:35:20

Lab Test

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User accepted default value 'Nasopharyngeal Swab 2 (NASAL2)'	2 Morgan Schulle (b) (4) (b) (4)	28 Oct 2020 15:13:32

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 11 Aug 2021 22:35:20

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
DataPoint Verified.	(b) (4), (b) (6)	14 Apr 2021 01:01:29
User signature succeeded.	Paul Pickrell (b) (4)	12 Feb 2021 23:55:06
User entered 'No (N)'	(b) (4) Morgan Schulle (b) (4) (b) (4)	28 Oct 2020 15:13:32

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 11 Aug 2021 22:35:20

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
DataPoint Verified.	(b) (4), (b) (6)	14 Apr 2021 01:01:29
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
User entered empty.	Morgan Schulle (b) (4) (b) (4)	28 Oct 2020 15:13:32

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 11 Aug 2021 22:35:20 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User entered empty.	System	28 Oct 2020 15:13:32

Folder: Visit 2 Day 29 (1)

**Form: Continuing** 

Generated On: 11 Aug 2021 22:35:20
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:09:58
User entered 'Yes (Y)'	(b) (4), (b) (6)	13 Oct 2020 22:49:39

Folder: Visit 2 Day 29 (1)

**Form: Continuing** 

Generated On: 11 Aug 2021 22:35:20

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User entered '1'	System	13 Oct 2020 22:49:39

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:00:49
User entered 'Yes (Y)'	(b) (4), (b) (6)	22 Oct 2020 15:37:04

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:00:49
User entered '22 Oct 2020'	(b) (4), (b) (6)	22 Oct 2020 15:37:04

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:00:49
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	22 Oct 2020 15:37:04

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Comments

# If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:00:49
User entered empty.	(b) (4), (b) (6)	22 Oct 2020 15:37:04

Folder: Safety Call Day 36 (1)

**Form: Continuing** 

Generated On: 11 Aug 2021 22:35:20
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:00:57
User entered 'Yes (Y)'	(b) (4), (b) (6)	27 Oct 2020 21:19:43

Folder: Safety Call Day 36 (1)

**Form: Continuing** 

Generated On: 11 Aug 2021 22:35:20

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User entered '1'	System	27 Oct 2020 21:19:43

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:01:42
User entered 'Yes (Y)'	(b) (4), (b) (6)	27 Oct 2020 21:20:30

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:01:42
User entered '27 Oct 2020'	(b) (4), (b) (6)	27 Oct 2020 21:20:30

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:01:42
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	27 Oct 2020 21:20:30

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Comments

# If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:01:42
User entered empty.	(b) (4), (b) (6)	27 Oct 2020 21:20:30

Folder: Safety Call Day 43 (1)

**Form: Continuing** 

Generated On: 11 Aug 2021 22:35:20
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:01:47
User entered 'Yes (Y)'	(b) (4), (b) (6)	27 Oct 2020 21:20:36

Folder: Safety Call Day 43 (1)

**Form: Continuing** 

Generated On: 11 Aug 2021 22:35:20

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User entered '1'	System	27 Oct 2020 21:20:36

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:02:47
User entered 'Yes (Y)'	(b) (4), (b) (6)	05 Nov 2020 18:27:44

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:02:47
User entered '5 Nov 2020'	(b) (4), (b) (6)	05 Nov 2020 18:27:44

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:02:47
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	05 Nov 2020 18:27:44

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Comments

# If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:02:47
User entered empty.	(b) (4), (b) (6)	05 Nov 2020 18:27:44

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:20
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:02:51
User entered 'Yes (Y)'	(b) (4), (b) (6)	05 Nov 2020 18:27:49

Folder: Safety Call Day 50 (1)

**Form: Continuing** 

Generated On: 11 Aug 2021 22:35:20

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User entered '1'	System	05 Nov 2020 18:27:49

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 11 Aug 2021 22:35:20

Was this visit performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 06:54:48
User entered 'Yes (Y)'	Darrell O'Brien (b) (4) (b) (4)	12 Nov 2020 20:18:59

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 11 Aug 2021 22:35:20

Visit date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 06:54:48
User entered '12 Nov 2020'	Darrell O'Brien (b) (4) (b) (4)	12 Nov 2020 20:18:59

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 06:54:48
User entered 'Clinic (Clinic)'	Darrell O'Brien (b) (4) (b) (4)	12 Nov 2020 20:18:59

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 11 Aug 2021 22:35:20

Folder OID

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User entered 'VISIT3'	System	12 Nov 2020 20:18:59

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Were vital signs assessed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 06:58:44
User entered 'Yes (Y)'	Darrell O'Brien (b) (4) (b) (4)	12 Nov 2020 20:19:34

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20 Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 06:58:44
User entered '12 Nov 2020'	Darrell O'Brien (b) (4) (b) (4)	12 Nov 2020 20:19:34

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20 Time of assessment (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 06:58:44
User entered '13:41'	Darrell O'Brien (b) (4) (b) (4)	12 Nov 2020 20:19:34

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User entered '12 Nov 2020 13:41'	System	12 Nov 2020 20:19:34

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Temperature (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 06:58:44
User entered '98' F	Darrell O'Brien (b) (4) (b) (4)	12 Nov 2020 20:19:34

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Route of measurement

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 06:58:44
User entered 'Oral (Oral)'	Darrell O'Brien (b) (4) (b) (4)	12 Nov 2020 20:19:34

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

If Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 06:58:44
User entered empty.	Darrell O'Brien (b) (4) (b) (4)	12 Nov 2020 20:19:34

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Pulse (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 06:58:44
User entered '71'	Darrell O'Brien (b) (4) (b) (4)	12 Nov 2020 20:19:34

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Pulse units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User entered 'bpm'	System	12 Nov 2020 20:19:34

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Respiratory Rate (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4) (b) (4), (b) (6)	26 Jan 2021 06:58:44
User entered '12'	Darrell O'Brien (b) (4) (b) (4)	12 Nov 2020 20:19:34

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Respiratory Rate units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User entered 'breaths/min'	System	12 Nov 2020 20:19:34

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4) (b) (4), (b) (6)	26 Jan 2021 06:58:44
User entered '109'	Darrell O'Brien (b) (4) (b) (4)	12 Nov 2020 20:19:34

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Systolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User entered 'mmHg'	System	12 Nov 2020 20:19:34

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 06:58:44
User entered '76'	Darrell O'Brien (b) (4) (b) (4)	12 Nov 2020 20:19:34

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Diastolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User entered 'mmHg'	System	12 Nov 2020 20:19:34

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Height (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Weight (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12

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

Generated On: 11 Aug 2021 22:35:20 Was the physical examination performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 06:58:02
User entered 'No (N)'	Darrell O'Brien (b) (4) (b) (4)	12 Nov 2020 20:19:41

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

Generated On: 11 Aug 2021 22:35:20 Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 06:58:02
User entered empty.	Darrell O'Brien (b) (4) (b) (4)	12 Nov 2020 20:19:41

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:20

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4) (b) (4), (b) (6)	26 Jan 2021 06:55:10
User entered 'Yes (Y)'	Morgan Schulle (b) (4) (b) (4)	17 Nov 2020 20:59:01

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:20

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 06:55:10
User entered '12 Nov 2020'	Morgan Schulle (b) (4) (b) (4)	17 Nov 2020 20:59:01

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:20

Collection time (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4) (b) (4), (b) (6)	26 Jan 2021 06:55:10
User entered '14:19'	Morgan Schulle (b) (4) (b) (4)	17 Nov 2020 20:59:01

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:20 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User entered '12 Nov 2020 14:19'	System	17 Nov 2020 20:59:01

Folder: Visit 3 Day 57 (1)

**Form: Continuing** 

Generated On: 11 Aug 2021 22:35:20
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Feb 2021 23:55:06
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 06:55:40
User entered 'Yes (Y)'	Darrell O'Brien (b) (4) (b) (4)	12 Nov 2020 20:19:46

Folder: Visit 3 Day 57 (1)

**Form: Continuing** 

Generated On: 11 Aug 2021 22:35:20

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User entered '1'	System	12 Nov 2020 20:19:46

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
Data entry locked.	System	11 Sep 2020 22:20:22
User entered 'Day 64'	System	11 Sep 2020 22:20:22

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

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)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-11-11T04:12:16', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '59376e4a-0aa3-4c47-9fea-efd4e41fa023'	System	11 Nov 2020 10:12:36
User entered 'No (N)'	System	11 Nov 2020 10:12:36

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Have you been exposed to someone with 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)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-11-11T04:12:28', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '59376e4a-0aa3-4c47-9fea-efd4e41fa023'	System	11 Nov 2020 10:12:36
User entered 'No (N)'	System	11 Nov 2020 10:12:36

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Date and time of submission

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2020-11-11T04:12:32', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '59376e4a-0aa3-4c47-9fea-efd4e41fa023'	System	11 Nov 2020 10:12:36
User entered '11 Nov 2020 04:12:32'	System	11 Nov 2020 10:12:36

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
Data entry locked.	System	11 Sep 2020 22:20:22
User entered '11 Nov 2020 00:01'	System	11 Sep 2020 22:20:22

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	25 Feb 2021 15:25:05
Data entry locked.	System	11 Sep 2020 22:20:22
User entered '15 Nov 2020 23:59'	System	11 Sep 2020 22:20:22

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 07:51:38
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	20 Nov 2020 07:56:13
Data entry locked.	System	11 Sep 2020 22:20:22
User entered 'Day 71'	System	11 Sep 2020 22:20:22

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 07:51:38
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	20 Nov 2020 07:56:13

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 07:51:38
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 20 Nov 2020 07:56:13

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 07:51:38
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 20 Nov 2020 07:56:13

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 07:51:38
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	20 Nov 2020 07:56:13

Folder: Safety Follow Up Diary (1)
Form: Safety Follow Up Diary
Generated On: 11 Aug 2021 22:35:20
Fever (Temperature ≥ 100.4°F/38°C)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 07:51:38
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 20 Nov 2020 07:56:13

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Chills

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 07:51:38
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 20 Nov 2020 07:56:13

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Cough

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 07:51:38
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 20 Nov 2020 07:56:13

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Shortness of breath

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 07:51:38
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 20 Nov 2020 07:56:13

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Difficulty breathing

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 07:51:38
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 20 Nov 2020 07:56:13

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Fatigue

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 07:51:38
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 20 Nov 2020 07:56:13

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Muscle aches

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 07:51:38
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	20 Nov 2020 07:56:13

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Body aches

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 07:51:38
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 20 Nov 2020 07:56:13

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Headache

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 07:51:38
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	20 Nov 2020 07:56:13

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

New loss of taste

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 07:51:38
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 20 Nov 2020 07:56:13

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

New loss of smell

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 07:51:38
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 20 Nov 2020 07:56:13

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Sore throat

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 07:51:38
DataPoint activated (WR#5335027)	System )	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	20 Nov 2020 07:56:13

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Congestion

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 07:51:38
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	20 Nov 2020 07:56:13

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Runny nose

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 07:51:38
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	20 Nov 2020 07:56:13

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Nausea

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 07:51:38
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	20 Nov 2020 07:56:13

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Vomiting

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 07:51:38
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 20 Nov 2020 07:56:13

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Diarrhea

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 07:51:38
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 20 Nov 2020 07:56:13

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 07:51:38
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 20 Nov 2020 07:56:13

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 07:51:38
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 20 Nov 2020 07:56:13

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 07:51:38
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 20 Nov 2020 07:56:13

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Date and time of submission

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 07:51:38
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 20 Nov 2020 07:56:13

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 07:51:38
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	20 Nov 2020 07:56:13
Data entry locked.	System	11 Sep 2020 22:20:22
User entered '18 Nov 2020 00:01'	System	11 Sep 2020 22:20:22

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 07:51:38
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	20 Nov 2020 07:56:13
Data entry locked.	System	11 Sep 2020 22:20:22
User entered '22 Nov 2020 23:59'	System	11 Sep 2020 22:20:22

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 75'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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 Nov 2020 21:58:53
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2020-11-22T15:58:44', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '5e2b0c04-4898-4ef3-87be-f85dc2d9e6f3'		
User entered 'No (N)'	System	22 Nov 2020 21:58:53

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Have you been exposed to someone with 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 Nov 2020 21:58:53
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2020-11-22T15:58:47', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '5e2b0c04-4898-4ef3-87be-f85dc2d9e6f3'		
User entered 'No (N)'	System	22 Nov 2020 21:58:53

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	22 Nov 2020 21:58:53
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2020-11-22T15:58:50', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '5e2b0c04-4898-4ef3-87be-f85dc2d9e6f3'		
User entered '22 Nov 2020 15:58:50'	System	22 Nov 2020 21:58:53

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '22 Nov 2020	System	20 Nov 2020 07:56:13
00.011		

00:01'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '26 Nov 2020	System	20 Nov 2020 07:56:13

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 82'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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 Nov 2020 13:08:16
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2020-11-29T07:08:04', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '636b6b11-d4d5-4d67-b9e3-c42fff6dd0c8'		
User entered 'No (N)'	System	29 Nov 2020 13:08:16

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Have you been exposed to someone with 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 Nov 2020 13:08:16
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2020-11-29T07:08:10', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '636b6b11-d4d5-4d67-b9e3-c42fff6dd0c8'		
User entered 'No (N)'	System	29 Nov 2020 13:08:16

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	29 Nov 2020 13:08:16
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2020-11-29T07:08:14', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '636b6b11-d4d5-4d67-b9e3-c42fff6dd0c8'		
User entered '29 Nov 2020 07:08:14'	System	29 Nov 2020 13:08:16

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '29 Nov 2020	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '03 Dec 2020	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 89'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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	06 Dec 2020 13:32:25
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2020-12-06T07:32:12', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '251acb65-0c96-4603-9f1c-f7cc4aec22de'		
User entered 'No (N)'	System	06 Dec 2020 13:32:25

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Have you been exposed to someone with 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	06 Dec 2020 13:32:25
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2020-12-06T07:32:18', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '251acb65-0c96-4603-9f1c-f7cc4aec22de'		
User entered 'No (N)'	System	06 Dec 2020 13:32:25

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	06 Dec 2020 13:32:25
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2020-12-06T07:32:22', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '251acb65-0c96-4603-9f1c-f7cc4aec22de'		
User entered '06 Dec 2020 07:32:22'	System	06 Dec 2020 13:32:25

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '06 Dec 2020	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '10 Dec 2020 23:59'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 96'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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 12:49:10
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2020-12-14T06:48:56', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '1f7ff05d-910e-4376-8fc3-08541b2e0bef'		
User entered 'No (N)'	System	14 Dec 2020 12:49:10

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Have you been exposed to someone with 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 12:49:10
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2020-12-14T06:49:03', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '1f7ff05d-910e-4376-8fc3-08541b2e0bef'		
User entered 'No (N)'	System	14 Dec 2020 12:49:10

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	14 Dec 2020 12:49:10
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2020-12-14T06:49:06', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '1f7ff05d-910e-4376-8fc3-08541b2e0bef'		
User entered '14 Dec 2020 06:49:06'	System	14 Dec 2020 12:49:10

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '13 Dec 2020	System	20 Nov 2020 07:56:13
00.011		

00:01'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '17 Dec 2020	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 103'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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 13:30:26
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2020-12-21T07:30:13', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: 'c1ce2532-c0cc-4663-b7c8-8d8a5969b176'		
User entered 'No (N)'	System	21 Dec 2020 13:30:26

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Have you been exposed to someone with 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 13:30:26
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2020-12-21T07:30:19', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: 'c1ce2532-c0cc-4663-b7c8-8d8a5969b176'		
User entered 'No (N)'	System	21 Dec 2020 13:30:26

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	21 Dec 2020 13:30:26
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2020-12-21T07:30:22', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: 'c1ce2532-c0cc-4663-b7c8-8d8a5969b176'		
User entered '21 Dec 2020 07:30:22'	System	21 Dec 2020 13:30:26

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '20 Dec 2020	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '24 Dec 2020	System	20 Nov 2020 07:56:13
22.501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 110'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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 Dec 2020 21:25:50
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2020-12-27T15:25:40', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '28afa93f-48c8-430e-b343-500e1d3e0470'		
User entered 'No (N)'	System	27 Dec 2020 21:25:50

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Have you been exposed to someone with 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 Dec 2020 21:25:50
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2020-12-27T15:25:44', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '28afa93f-48c8-430e-b343-500e1d3e0470'		
User entered 'No (N)'	System	27 Dec 2020 21:25:50

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	27 Dec 2020 21:25:50
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2020-12-27T15:25:48', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '28afa93f-48c8-430e-b343-500e1d3e0470'		
User entered '27 Dec 2020 15:25:48'	System	27 Dec 2020 21:25:50

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '27 Dec 2020	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '31 Dec 2020	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 117'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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 11:46:26
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-01-04T05:46:07', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '3e97a356-0a54-4806-b4fa-6519c3376b70'		
User entered 'No (N)'	System	04 Jan 2021 11:46:26

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Have you been exposed to someone with 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 11:46:26
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-01-04T05:46:16', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '3e97a356-0a54-4806-b4fa-6519c3376b70'		
User entered 'No (N)'	System	04 Jan 2021 11:46:26

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	04 Jan 2021 11:46:26
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-01-04T05:46:20', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '3e97a356-0a54-4806-b4fa-6519c3376b70'		
User entered '04 Jan 2021 05:46:20'	System	04 Jan 2021 11:46:26

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '03 Jan 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '07 Jan 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 124'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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	13 Jan 2021 16:50:23
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-01-13T10:50:16', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '91a642f6-3496-4d51-9b20-e22d9315525c'		
User entered 'No (N)'	System	13 Jan 2021 16:50:23

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Have you been exposed to someone with 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	13 Jan 2021 16:50:23
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-01-13T10:50:18', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '91a642f6-3496-4d51-9b20-e22d9315525c'		
User entered 'No (N)'	System	13 Jan 2021 16:50:23

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	13 Jan 2021 16:50:23
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-01-13T10:50:21', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '91a642f6-3496-4d51-9b20-e22d9315525c'		
User entered '13 Jan 2021 10:50:21'	System	13 Jan 2021 16:50:23

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '10 Jan 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '14 Jan 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 131'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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	17 Jan 2021 18:27:20
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-01-17T12:27:12', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '04457202-b8e4-4dc6-b14f-452c155aaeb6'		
User entered 'No (N)'	System	17 Jan 2021 18:27:20

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Have you been exposed to someone with 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	17 Jan 2021 18:27:20
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-01-17T12:27:14', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '04457202-b8e4-4dc6-b14f-452c155aaeb6'		
User entered 'No (N)'	System	17 Jan 2021 18:27:20

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	17 Jan 2021 18:27:20
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-01-17T12:27:16', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '04457202-b8e4-4dc6-b14f-452c155aaeb6'		
User entered '17 Jan 2021 12:27:16'	System	17 Jan 2021 18:27:20

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '17 Jan 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '21 Jan 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 138'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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	24 Jan 2021 15:57:14
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-01-24T09:57:07', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '3f7f5997-504d-4005-8f5d-c5f30406d160'		
User entered 'No (N)'	System	24 Jan 2021 15:57:14

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Have you been exposed to someone with 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	24 Jan 2021 15:57:14
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-01-24T09:57:09', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '3f7f5997-504d-4005-8f5d-c5f30406d160'		
User entered 'No (N)'	System	24 Jan 2021 15:57:14

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	24 Jan 2021 15:57:14
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-01-24T09:57:12', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '3f7f5997-504d-4005-8f5d-c5f30406d160'		
User entered '24 Jan 2021 09:57:12'	System	24 Jan 2021 15:57:14

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20 Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '24 Jan 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '28 Jan 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 145'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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 14:08:41
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-02-01T08:08:34', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '2b83f2ed-6a00-46c5-a056-4a2f6c62b16f'		
User entered 'No (N)'	System	01 Feb 2021 14:08:41

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Have you been exposed to someone with 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 14:08:41
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-02-01T08:08:36', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '2b83f2ed-6a00-46c5-a056-4a2f6c62b16f'		
User entered 'No (N)'	System	01 Feb 2021 14:08:41

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	01 Feb 2021 14:08:41
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-02-01T08:08:38', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '2b83f2ed-6a00-46c5-a056-4a2f6c62b16f'		
User entered '01 Feb 2021 08:08:38'	System	01 Feb 2021 14:08:41

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '31 Jan 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '04 Feb 2021	System	20 Nov 2020 07:56:13
22.501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 152'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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 Feb 2021 13:07:32
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-02-08T07:07:22', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '47465bf1-7de4-4ec2-89ec-963b64e7e5b9'		
User entered 'No (N)'	System	08 Feb 2021 13:07:32

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Have you been exposed to someone with 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 Feb 2021 13:07:32
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-02-08T07:07:24', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '47465bf1-7de4-4ec2-89ec-963b64e7e5b9'		
User entered 'No (N)'	System	08 Feb 2021 13:07:32

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	08 Feb 2021 13:07:32
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-02-08T07:07:28', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '47465bf1-7de4-4ec2-89ec-963b64e7e5b9'		
User entered '08 Feb 2021 07:07:28'	System	08 Feb 2021 13:07:32

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '07 Feb 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '11 Feb 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 159'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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 Feb 2021 12:57:29
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-02-14T06:57:19', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '14572c8c-d33b-44cd-8b4d-06ed5638b561'		
User entered 'No (N)'	System	14 Feb 2021 12:57:29

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Have you been exposed to someone with 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 Feb 2021 12:57:29
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-02-14T06:57:23', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '14572c8c-d33b-44cd-8b4d-06ed5638b561'		
User entered 'No (N)'	System	14 Feb 2021 12:57:29

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	14 Feb 2021 12:57:29
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-02-14T06:57:26', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '14572c8c-d33b-44cd-8b4d-06ed5638b561'		
User entered '14 Feb 2021 06:57:26'	System	14 Feb 2021 12:57:29

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '14 Feb 2021	System	20 Nov 2020 07:56:13
00.011		

00:01'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '18 Feb 2021	System	20 Nov 2020 07:56:13
22.501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 166'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	21 Feb 2021 18:53:53
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-02-21T12:53:46', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: 'e71171d1-c711-4956-996b-a3aeb7f48dea'		
User entered 'No (N)'	System	21 Feb 2021 18:53:53

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	21 Feb 2021 18:53:53
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-02-21T12:53:49', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: 'e71171d1-c711-4956-996b-a3aeb7f48dea'		
User entered 'No (N)'	System	21 Feb 2021 18:53:53

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	21 Feb 2021 18:53:53
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-02-21T12:53:52', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: 'e71171d1-c711-4956-996b-a3aeb7f48dea'		
User entered '21 Feb 2021 12:53:52'	System	21 Feb 2021 18:53:53

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '21 Feb 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '25 Feb 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 173'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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 Feb 2021 15:22:55
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-02-28T09:22:42-06:00', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: 'fbb0be5f-98f2-4c10-ba70-99dc0c6e634c'		
User entered 'No (N)'	System	28 Feb 2021 15:22:55

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Have you been exposed to someone with 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 Feb 2021 15:22:55
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-02-28T09:22:48-06:00', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: 'fbb0be5f-98f2-4c10-ba70-99dc0c6e634c'		
User entered 'No (N)'	System	28 Feb 2021 15:22:55

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	28 Feb 2021 15:22:55
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-02-28T09:22:50-06:00', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: 'fbb0be5f-98f2-4c10-ba70-99dc0c6e634c'		
User entered '28 Feb 2021 15:22:50'	System	28 Feb 2021 15:22:55

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '28 Feb 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '04 Mar 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 180'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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	07 Mar 2021 19:08:07
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-03-07T13:07:58-06:00', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: 'af6e0722-1079-4e01-b879-6b3cde66906b'		
User entered 'No (N)'	System	07 Mar 2021 19:08:07

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Have you been exposed to someone with 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	07 Mar 2021 19:08:07
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-03-07T13:08:01-06:00', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: 'af6e0722-1079-4e01-b879-6b3cde66906b'		
User entered 'No (N)'	System	07 Mar 2021 19:08:07

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	07 Mar 2021 19:08:07
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-03-07T13:08:03-06:00', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: 'af6e0722-1079-4e01-b879-6b3cde66906b'		
User entered '07 Mar 2021 13:08:03'	System	07 Mar 2021 19:08:07

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20 Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '07 Mar 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '11 Mar 2021	System	20 Nov 2020 07:56:13

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 187'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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 Mar 2021 17:51:39
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-03-14T12:51:30-05:00', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '68e05d35-4dc4-4d95-8925-3f1a3a4a761b'		
User entered 'No (N)'	System	14 Mar 2021 17:51:39

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Have you been exposed to someone with 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 Mar 2021 17:51:39
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-03-14T12:51:32-05:00', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '68e05d35-4dc4-4d95-8925-3f1a3a4a761b'		
User entered 'No (N)'	System	14 Mar 2021 17:51:39

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	14 Mar 2021 17:51:39
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-03-14T12:51:35-05:00', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '68e05d35-4dc4-4d95-8925-3f1a3a4a761b'		
User entered '14 Mar 2021 12:51:35'	System	14 Mar 2021 17:51:39

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '14 Mar 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '18 Mar 2021 23:59'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 194'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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 00:35:32
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-03-21T19:35:24-05:00', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '51f02a21-d9b3-4f6b-ab7b-66b8b63f7077'		
User entered 'No (N)'	System	22 Mar 2021 00:35:32

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Have you been exposed to someone with 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 00:35:32
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-03-21T19:35:26-05:00', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '51f02a21-d9b3-4f6b-ab7b-66b8b63f7077'		
User entered 'No (N)'	System	22 Mar 2021 00:35:32

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	22 Mar 2021 00:35:32
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-03-21T19:35:29-05:00', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '51f02a21-d9b3-4f6b-ab7b-66b8b63f7077'		
User entered '21 Mar 2021 19:35:29'	System	22 Mar 2021 00:35:32

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '21 Mar 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '25 Mar 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 201'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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 Mar 2021 12:40:29
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-03-28T07:40:22-05:00', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: 'f4696ef3-59fe-4866-8fec-1bde1467f995'		
User entered 'No (N)'	System	28 Mar 2021 12:40:29

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Have you been exposed to someone with 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 Mar 2021 12:40:29
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-03-28T07:40:25-05:00', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: 'f4696ef3-59fe-4866-8fec-1bde1467f995'		
User entered 'No (N)'	System	28 Mar 2021 12:40:29

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	28 Mar 2021 12:40:29
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-03-28T07:40:27-05:00', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: 'f4696ef3-59fe-4866-8fec-1bde1467f995'		
User entered '28 Mar 2021 07:40:27'	System	28 Mar 2021 12:40:29

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20 Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '28 Mar 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '01 Apr 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 208'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	04 Apr 2021 15:31:09
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-04-04T10:31:03-05:00', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '4ba4baf1-348c-419f-9b99-5f93e16015ce'		
User entered 'No (N)'	System	04 Apr 2021 15:31:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	04 Apr 2021 15:31:09
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-04-04T10:31:05-05:00', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '4ba4baf1-348c-419f-9b99-5f93e16015ce'		
User entered 'No (N)'	System	04 Apr 2021 15:31:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	04 Apr 2021 15:31:09
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-04-04T10:31:07-05:00', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '4ba4baf1-348c-419f-9b99-5f93e16015ce'		
User entered '04 Apr 2021 10:31:07'	System	04 Apr 2021 15:31:09

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '04 Apr 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '08 Apr 2021	System	20 Nov 2020 07:56:13
22.501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 215'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	12 Apr 2021 00:55:10
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-04-11T19:54:46-05:00', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '1f30162b-9711-4411-abf7-d138559f0ca8'		
User entered 'Yes (Y)'	System	12 Apr 2021 00:55:10

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	12 Apr 2021 00:55:10
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-04-11T19:54:52-05:00', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '1f30162b-9711-4411-abf7-d138559f0ca8'		
User entered 'No (N)'	System	12 Apr 2021 00:55:10

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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	12 Apr 2021 00:55:10
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-04-11T19:54:56-05:00', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '1f30162b-9711-4411-abf7-d138559f0ca8'		
User entered 'No (N)'	System	12 Apr 2021 00:55:10

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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	12 Apr 2021 00:55:10
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-04-11T19:55:01-05:00', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '1f30162b-9711-4411-abf7-d138559f0ca8'		
User entered 'No (N)'	System	12 Apr 2021 00:55:10

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	12 Apr 2021 00:55:10
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-04-11T19:55:06-05:00', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '1f30162b-9711-4411-abf7-d138559f0ca8'		
User entered '11 Apr 2021 19:55:06'	System	12 Apr 2021 00:55:10

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '11 Apr 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '15 Apr 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 222'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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 Apr 2021 17:00:43
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-04-20T12:00:26-05:00', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '5ff7cdce-db25-4423-9f74-696dc900d567'		
User entered 'No (N)'	System	20 Apr 2021 17:00:43

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Have you been exposed to someone with 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 Apr 2021 17:00:43
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-04-20T12:00:28-05:00', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '5ff7cdce-db25-4423-9f74-696dc900d567'		
User entered 'No (N)'	System	20 Apr 2021 17:00:43

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	20 Apr 2021 17:00:43
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-04-20T12:00:31-05:00', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '5ff7cdce-db25-4423-9f74-696dc900d567'		
User entered '20 Apr 2021 12:00:31'	System	20 Apr 2021 17:00:43

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '18 Apr 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '22 Apr 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 229'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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 15:48:52
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-04-26T10:48:41-05:00', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '3962edfb-798f-47c3-85d3-dd3d66636870'		
User entered 'No (N)'	System	26 Apr 2021 15:48:52

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Have you been exposed to someone with 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 15:48:52
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-04-26T10:48:45-05:00', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '3962edfb-798f-47c3-85d3-dd3d66636870'		
User entered 'No (N)'	System	26 Apr 2021 15:48:52

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	26 Apr 2021 15:48:52
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-04-26T10:48:47-05:00', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '3962edfb-798f-47c3-85d3-dd3d66636870'		
User entered '26 Apr 2021 10:48:47'	System	26 Apr 2021 15:48:52

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20 Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '25 Apr 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '29 Apr 2021	System	20 Nov 2020 07:56:13
22.501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 236'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

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 01:44:25
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-05-02T20:44:14-05:00', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '4b4afdff-c1ee-42fc-a2d2-246f18042379'		
User entered 'No (N)'	System	03 May 2021 01:44:25

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Have you been exposed to someone with 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 01:44:25
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-05-02T20:44:17-05:00', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '4b4afdff-c1ee-42fc-a2d2-246f18042379'		
User entered 'No (N)'	System	03 May 2021 01:44:25

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	03 May 2021 01:44:25
Provided', Location OID: 'ePRODevice		
(162C072C-93FE-484C-AA8A-2A913D9D971F)',		
Time: '2021-05-02T20:44:20-05:00', User OID:		
'PatientReportedOutcome (US3342253)', ODM File		
OID: '4b4afdff-c1ee-42fc-a2d2-246f18042379'		
User entered '02 May 2021 20:44:20'	System	03 May 2021 01:44:25

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '02 May 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '06 May 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 243'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '09 May 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '13 May 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 250'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '16 May 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '20 May 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 257'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '23 May 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '27 May 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 264'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '30 May 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '03 Jun 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 271'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20 Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '06 Jun 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '10 Jun 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 278'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20 Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '13 Jun 2021 00:01'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '17 Jun 2021	System	20 Nov 2020 07:56:13
22.501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 285'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '20 Jun 2021 00:01'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '24 Jun 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 292'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20 Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '27 Jun 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '01 Jul 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 299'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '04 Jul 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '08 Jul 2021	System	20 Nov 2020 07:56:13
22.501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 306'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '11 Jul 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '15 Jul 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 313'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '18 Jul 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '22 Jul 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 320'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '25 Jul 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '29 Jul 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 327'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '01 Aug 2021	System	20 Nov 2020 07:56:13
00.011		

00:01'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '05 Aug 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 334'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '08 Aug 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '12 Aug 2021	System	20 Nov 2020 07:56:13
22.501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 341'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '15 Aug 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '19 Aug 2021	System	20 Nov 2020 07:56:13

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 348'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '22 Aug 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '26 Aug 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 355'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20 Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '29 Aug 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '02 Sep 2021	System	20 Nov 2020 07:56:13
22.501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 362'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '05 Sep 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '09 Sep 2021	System	20 Nov 2020 07:56:13
22.501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 369'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '12 Sep 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '16 Sep 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 376'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '19 Sep 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '23 Sep 2021	System	20 Nov 2020 07:56:13
22.501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 383'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '26 Sep 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '30 Sep 2021	System	20 Nov 2020 07:56:13
22 501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 390'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '03 Oct 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '07 Oct 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 397'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20 Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '10 Oct 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '14 Oct 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 404'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud	Open	Date &	& Time
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Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '17 Oct 2021 00:01'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '21 Oct 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 411'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '24 Oct 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '28 Oct 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 418'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '31 Oct 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '04 Nov 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 425'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '07 Nov 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '11 Nov 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 432'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '14 Nov 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '18 Nov 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 439'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '21 Nov 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '25 Nov 2021	System	20 Nov 2020 07:56:13
22.501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 446'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '28 Nov 2021	System	20 Nov 2020 07:56:13
00.011		

00:01'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '02 Dec 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 453'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '05 Dec 2021	System	20 Nov 2020 07:56:13
00.011		

00:01'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '09 Dec 2021 23:59'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 460'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time	

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '12 Dec 2021 00:01'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '16 Dec 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 467'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20 Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '19 Dec 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '23 Dec 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 474'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '26 Dec 2021	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '30 Dec 2021	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 481'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '02 Jan 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '06 Jan 2022	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 488'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20 Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '09 Jan 2022	System	20 Nov 2020 07:56:13

00:01'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '13 Jan 2022	System	20 Nov 2020 07:56:13
22 501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 495'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '16 Jan 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '20 Jan 2022	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 502'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '23 Jan 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '27 Jan 2022	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 509'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '30 Jan 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '03 Feb 2022	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 516'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '06 Feb 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '10 Feb 2022	System	20 Nov 2020 07:56:13
22.501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 523'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20 Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '13 Feb 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '17 Feb 2022	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 530'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '20 Feb 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '24 Feb 2022	System	20 Nov 2020 07:56:13
22.501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 537'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '27 Feb 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '03 Mar 2022	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 544'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '06 Mar 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '10 Mar 2022	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 551'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20 Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '13 Mar 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '17 Mar 2022	System	20 Nov 2020 07:56:13

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 558'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '20 Mar 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '24 Mar 2022	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 565'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '27 Mar 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '31 Mar 2022	System	20 Nov 2020 07:56:13
22.50		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 572'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '03 Apr 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '07 Apr 2022	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 579'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20 Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '10 Apr 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '14 Apr 2022	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 586'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '17 Apr 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '21 Apr 2022	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 593'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20 Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '24 Apr 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '28 Apr 2022 23:59'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 600'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '01 May 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '05 May 2022	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 607'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '08 May 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '12 May 2022	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 614'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '15 May 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '19 May 2022	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 621'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '22 May 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '26 May 2022	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 628'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '29 May 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '02 Jun 2022	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 635'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '05 Jun 2022	System	20 Nov 2020 07:56:13
00.011		

00:01'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '09 Jun 2022	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 642'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '12 Jun 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '16 Jun 2022	System	20 Nov 2020 07:56:13
22 501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 649'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '19 Jun 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '23 Jun 2022	System	20 Nov 2020 07:56:13
22 501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 656'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '26 Jun 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '30 Jun 2022	System	20 Nov 2020 07:56:13
22 501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 663'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '03 Jul 2022	System	20 Nov 2020 07:56:13
00:01'		

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '07 Jul 2022 23:59'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 670'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '10 Jul 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '14 Jul 2022	System	20 Nov 2020 07:56:13

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 677'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '17 Jul 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '21 Jul 2022	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 684'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '24 Jul 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '28 Jul 2022 23:59'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 691'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '31 Jul 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '04 Aug 2022	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 698'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '07 Aug 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '11 Aug 2022	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 705'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '14 Aug 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '18 Aug 2022	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 712'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '21 Aug 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '25 Aug 2022	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 719'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '28 Aug 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '01 Sep 2022	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 726'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '04 Sep 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '08 Sep 2022	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 733'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '11 Sep 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '15 Sep 2022	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 740'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '18 Sep 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '22 Sep 2022 23:59'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 747'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '25 Sep 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '29 Sep 2022 23:59'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 754'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '02 Oct 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '06 Oct 2022	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 761'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20 Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '09 Oct 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '13 Oct 2022	System	20 Nov 2020 07:56:13
22 501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 768'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20 Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '16 Oct 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '20 Oct 2022	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 775'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '23 Oct 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '27 Oct 2022	System	20 Nov 2020 07:56:13
22.501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 782'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '30 Oct 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '03 Nov 2022	System	20 Nov 2020 07:56:13
22.501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 789'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '06 Nov 2022	System	20 Nov 2020 07:56:13
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '10 Nov 2022	System	20 Nov 2020 07:56:13
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered 'Day 796'	System	20 Nov 2020 07:56:13

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:35:20 Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '13 Nov 2022	System	20 Nov 2020 07:56:13

00:01'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:35:20

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	20 Nov 2020 07:56:13
Amendment Manager: User entered '17 Nov 2022	System	20 Nov 2020 07:56:13
22.501		

23:59'

Folder: Cosmetic Injections and Dermal Fillers Form: Cosmetic Injection\_ Dermal Filler eDiary (1)

Generated On: 11 Aug 2021 22:35:20

Have you ever received facial cosmetic injections, such as Juvederm, Voluma, Radiesse, Restylane, Botox or other?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 07:51:38
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2021-02-28T09:23:01-06:00', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '2a5786cd-bd76-4fd8-b20b-607e11062256'	System	28 Feb 2021 15:23:08
User entered 'No (N)'	System	28 Feb 2021 15:23:08

Folder: Cosmetic Injections and Dermal Fillers Form: Cosmetic Injection\_ Dermal Filler eDiary (1)

Generated On: 11 Aug 2021 22:35:20

Date & Time of Submission

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 07:51:38
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (162C072C-93FE-484C-AA8A-2A913D9D971F)', Time: '2021-02-28T09:23:06-06:00', User OID: 'PatientReportedOutcome (US3342253)', ODM File OID: '2a5786cd-bd76-4fd8-b20b-607e11062256'	System	28 Feb 2021 15:23:08
User entered '28 Feb 2021 15:23:06'	System	28 Feb 2021 15:23:08

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 14:49:29
User entered 'Yes (Y)'	(b) (4), (b) (6)	07 Dec 2020 21:26:07

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 14:49:29
User entered '7 Dec 2020'	(b) (4), (b) (6)	07 Dec 2020 21:26:07

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 14:49:29
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	07 Dec 2020 21:26:07

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Comments

# If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 14:49:29
User entered empty.	(b) (4), (b) (6)	07 Dec 2020 21:26:07

Folder: Safety Call Day 85 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:20
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 14:49:55
User entered 'Yes (Y)'	(b) (4), (b) (6)	07 Dec 2020 21:26:12

Folder: Safety Call Day 85 (1)

**Form: Continuing** 

Generated On: 11 Aug 2021 22:35:20

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 14:10:12
User entered '1'	System	07 Dec 2020 21:26:12

Folder: Safety Call Day 119 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	15 Apr 2021 05:39:14
User signature succeeded.	Paul Pickrell (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4) (b) (4), (b) (6)	16 Mar 2021 14:50:59
User entered 'Yes (Y)'	Ethan Shotton (b) (4) (b) (4)	11 Jan 2021 22:02:14

Folder: Safety Call Day 119 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	15 Apr 2021 05:39:14
User signature succeeded.	Paul Pickrell (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4) (b) (4), (b) (6)	16 Mar 2021 14:50:59
User entered '11 Jan 2021'	Ethan Shotton (b) (4) (b) (4)	11 Jan 2021 22:02:14

Folder: Safety Call Day 119 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	15 Apr 2021 05:39:14
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 14:50:59
User entered 'Contact Made (CONTACT MADE)'	Ethan Shotton (b) (4) (b) (4)	11 Jan 2021 22:02:14

Folder: Safety Call Day 119 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Comments

# If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	15 Apr 2021 05:39:14
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 14:50:59
User entered empty.	Ethan Shotton (b) (4) (b) (4)	11 Jan 2021 22:02:14

Folder: Safety Call Day 119 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:20
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	15 Apr 2021 05:39:14
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 14:51:39
User entered 'Yes (Y)'	Ethan Shotton (b) (4) (b) (4)	11 Jan 2021 22:02:20

Folder: Safety Call Day 119 (1)

**Form: Continuing** 

Generated On: 11 Aug 2021 22:35:20

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	15 Apr 2021 05:39:14
User entered '1'	System	11 Jan 2021 22:02:20

Folder: Safety Call Day 149 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	15 Apr 2021 05:39:14
User signature succeeded.	Paul Pickrell (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4) (b) (4), (b) (6)	16 Mar 2021 14:58:31
User entered 'Yes (Y)'	(b) (4), (b) (6)	08 Feb 2021 17:05:57

Folder: Safety Call Day 149 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	15 Apr 2021 05:39:14
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 14:58:31
User entered '08 Feb 2021'	(b) (4), (b) (6)	08 Feb 2021 17:05:57

Folder: Safety Call Day 149 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	15 Apr 2021 05:39:14
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 14:58:31
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	08 Feb 2021 17:05:57

Folder: Safety Call Day 149 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Comments

# If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	15 Apr 2021 05:39:14
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 14:58:31
User entered empty.	(b) (4), (b) (6)	08 Feb 2021 17:05:57

Folder: Safety Call Day 149 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:20
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	15 Apr 2021 05:39:14
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 14:59:16
User entered 'Yes (Y)'	(b) (4), (b) (6)	08 Feb 2021 17:06:03

Folder: Safety Call Day 149 (1)

**Form: Continuing** 

Generated On: 11 Aug 2021 22:35:20

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	15 Apr 2021 05:39:14
User entered '1'	System	08 Feb 2021 17:06:03

Folder: Safety Call Day 179 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	15 Apr 2021 05:39:14
User signature succeeded.	Paul Pickrell (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4) (b) (4), (b) (6)	16 Mar 2021 15:29:48
User entered 'Yes (Y)'	(b) (4), (b) (6)	09 Mar 2021 16:41:58

Folder: Safety Call Day 179 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	15 Apr 2021 05:39:14
User signature succeeded.	Paul Pickrell (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4) (b) (4), (b) (6)	16 Mar 2021 15:29:48
User entered '09 Mar 2021'	(b) (4), (b) (6)	09 Mar 2021 16:41:58

Folder: Safety Call Day 179 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	15 Apr 2021 05:39:14
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:29:48
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	09 Mar 2021 16:41:58

Folder: Safety Call Day 179 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Comments

# If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	15 Apr 2021 05:39:14
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:29:48
User entered empty.	(b) (4), (b) (6)	09 Mar 2021 16:41:58

Folder: Safety Call Day 179 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:20
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	15 Apr 2021 05:39:14
User signature succeeded.	Paul Pickrell (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4) (b) (4), (b) (6)	16 Mar 2021 15:29:53
User entered 'Yes (Y)'	(b) (4), (b) (6)	09 Mar 2021 16:42:03

Folder: Safety Call Day 179 (1)

**Form: Continuing** 

Generated On: 11 Aug 2021 22:35:20

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	15 Apr 2021 05:39:14
User entered '1'	System	09 Mar 2021 16:42:03

**Folder: Visit 4 Day 209 (1)** 

Form: Visit Date

Generated On: 11 Aug 2021 22:35:20

Was this visit performed?

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:54:02
User entered 'Yes (Y)'	(b) (4) Olivia Hapanowicz (b) (b) (4)	(4) 05 Apr 2021 14:37:43

**Folder: Visit 4 Day 209 (1)** 

Form: Visit Date

Generated On: 11 Aug 2021 22:35:20

Visit date (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:54:02
User entered '05 Apr 2021'	(b) (4) Olivia Hapanowicz (b)	(4) 05 Apr 2021 14:37:43
	(b) (4)	

Folder: Visit 4 Day 209 (1)

Form: Visit Date

Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:54:02
User entered 'Clinic (Clinic)'	(b) (4) Olivia Hapanowicz (b) (b) (4)	(4) 05 Apr 2021 14:37:43

**Folder: Visit 4 Day 209 (1)** 

Form: Visit Date

Generated On: 11 Aug 2021 22:35:20

Folder OID

Audit	User	Time (GMT)
User entered 'VISIT4'	System	05 Apr 2021 14:37:43

**Folder: Visit 4 Day 209 (1)** 

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Were vital signs assessed?

User	Time (GMT)
Paul Pickrell (b) (4)	12 Apr 2021 15:54:02
4 1 1	4) 05 Apr 2021 14:38:16
	Paul Pickrell (b) (4) (b) (4)

**Folder: Visit 4 Day 209 (1)** 

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20 Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:54:02
User entered '05 Apr 2021'	(b) (4) Olivia Hapanowicz (b) (4 (b) (4)	9 05 Apr 2021 14:38:16

**Folder: Visit 4 Day 209 (1)** 

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20 Time of assessment (00:00-23:59)

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:54:02
User entered '09:31'	(b) (4) Olivia Hapanowicz (b) (4 (b) (4)	05 Apr 2021 14:38:16

Folder: Visit 4 Day 209 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
User entered '05 Apr 2021 09:31'	System	05 Apr 2021 14:38:16

**Folder: Visit 4 Day 209 (1)** 

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Temperature (xxx.x)

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:54:02
User entered '98.0' F	(b) (4) Olivia Hapanowicz (b)	(4) 05 Apr 2021 14:38:16
	(b) (4)	

**Folder: Visit 4 Day 209 (1)** 

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Route of measurement

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:54:02
User entered 'Oral (Oral)'	(b) (4) Olivia Hapanowicz (b) (4 (b) (4)	) 05 Apr 2021 14:38:16

**Folder: Visit 4 Day 209 (1)** 

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

If Other, specify

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:54:02
User entered empty.	(b) (4) Olivia Hapanowicz (b) (4 (b) (4)	05 Apr 2021 14:38:16

**Folder: Visit 4 Day 209 (1)** 

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Pulse (xxx)

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:54:02
User entered '80'	(b) (4) Olivia Hapanowicz (b)	(4) 05 Apr 2021 14:38:16
	(b) (4)	

**Folder: Visit 4 Day 209 (1)** 

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Pulse units

Audit	User	Time (GMT)
User entered 'bpm'	System	05 Apr 2021 14:38:16

**Folder: Visit 4 Day 209 (1)** 

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Respiratory Rate (xxx)

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:54:02
User entered '12'	(b) (4) Olivia Hapanowicz (b)	(4) 05 Apr 2021 14:38:16
	(b) (4)	

**Folder: Visit 4 Day 209 (1)** 

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Respiratory Rate units

Audit	User	Time (GMT)
User entered 'breaths/min'	System	05 Apr 2021 14:38:16

**Folder: Visit 4 Day 209 (1)** 

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:54:02
User entered '123'	(b) (4) Olivia Hapanowicz (b) (4	9) 05 Apr 2021 14:38:16
	(b) (4)	

**Folder: Visit 4 Day 209 (1)** 

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Systolic Blood Pressure units

Audit	User	Time (GMT)
User entered 'mmHg'	System	05 Apr 2021 14:38:16

**Folder: Visit 4 Day 209 (1)** 

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:54:02
User entered '81'	(b) (4) Olivia Hapanowicz (b) (4)	4) 05 Apr 2021 14:38:16

Folder: Visit 4 Day 209 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:35:20

Diastolic Blood Pressure units

Audit	User	Time (GMT)
User entered 'mmHg'	System	05 Apr 2021 14:38:16

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

Generated On: 11 Aug 2021 22:35:20 Was the physical examination performed?

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
User entered 'No (N)'	(b) (4) Olivia Hapanowicz (b) (4 (b) (4)	05 Apr 2021 14:38:21

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

Generated On: 11 Aug 2021 22:35:20 Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
User entered empty.	(b) (4) Olivia Hapanowicz (b) (4 (b) (4)	05 Apr 2021 14:38:21

Folder: Visit 4 Day 209 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:20

Was the sample collected?

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
User entered 'Yes (Y)'	(, , , ,	07 Apr 2021 13:06:28
	(b) (4)	

Folder: Visit 4 Day 209 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:20

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
User entered '05 Apr 2021'	(b) (4) Ethan Shotton (b) (4) (b) (4)	07 Apr 2021 13:06:28

Folder: Visit 4 Day 209 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:20

Collection time (00:00-23:59)

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
User entered '09:39'	(b) (4) Ethan Shotton (b) (4) (b) (4)	07 Apr 2021 13:06:28

Folder: Visit 4 Day 209 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:20 Collection date and time (derived)

Audit	User	Time (GMT)
User entered '05 Apr 2021 09:39'	System	07 Apr 2021 13:06:28

Folder: Visit 4 Day 209 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:20
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
User entered 'Yes (Y)'	(b) (4) Olivia Hapanowicz (b) (4 (b) (4)	) 05 Apr 2021 14:38:25

Folder: Visit 4 Day 209 (1)

**Form: Continuing** 

Generated On: 11 Aug 2021 22:35:20

Continuing Flag

Audit	User	Time (GMT)
User entered '1'	System	05 Apr 2021 14:38:25

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

Form: Visit Date

Generated On: 11 Aug 2021 22:35:20

Was this visit performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:29:59
User entered 'Yes (Y)'	(b) (4), (b) (6)	09 Mar 2021 16:44:10

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

Form: Visit Date

Generated On: 11 Aug 2021 22:35:20

Visit date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:29:59
User entered '09 Mar 2021'	(b) (4), (b) (6)	09 Mar 2021 16:44:10

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

Form: Visit Date

Generated On: 11 Aug 2021 22:35:20

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 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:29:59
User entered 'Clinic (Clinic)'	(b) (4), (b) (6)	09 Mar 2021 16:44:10

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

Form: Visit Date

Generated On: 11 Aug 2021 22:35:20

Folder OID

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User entered 'UNBLND_DECIDE'	System	09 Mar 2021 16:44:10

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

Form: Unblinding

Generated On: 11 Aug 2021 22:35:20

Date of updated informed consent (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:30:07
User entered '09 Mar 2021'	(b) (4), (b) (6)	09 Mar 2021 16:44:25

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

Form: Unblinding

Generated On: 11 Aug 2021 22:35:20

N/A - Subject Unblinded under Amendment 5 and Discontinued from Study

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:30:07
User entered '0'	(b) (4), (b) (6)	09 Mar 2021 16:44:25

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

Form: Unblinding

Generated On: 11 Aug 2021 22:35:20

Was the participant unblinded?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:30:07
User entered 'Yes (Y)'	(b) (4), (b) (6)	09 Mar 2021 16:44:25

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

Form: Unblinding

Generated On: 11 Aug 2021 22:35:20

Under what version of the Protocol was the Participant unblinded?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:30:07
User entered 'Amendment 6 or later (Amendment 6 or later)'	(b) (4), (b) (6)	09 Mar 2021 16:44:25

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

Form: Unblinding

Generated On: 11 Aug 2021 22:35:20 Date of unblinding (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:30:07
User entered '09 Mar 2021'	(b) (4), (b) (6)	09 Mar 2021 16:44:25

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

Form: Unblinding

Generated On: 11 Aug 2021 22:35:20 Participant randomization assignment

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:30:07
User entered 'Placebo (Placebo)'	(b) (4), (b) (6)	09 Mar 2021 16:44:25

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

Form: Unblinding

Generated On: 11 Aug 2021 22:35:20

Actual Dose 1

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:30:07
User entered 'Placebo (Placebo)'	(b) (4), (b) (6)	09 Mar 2021 16:44:25

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

Form: Unblinding

Generated On: 11 Aug 2021 22:35:20

Actual Dose 2

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:30:07
User entered 'Placebo (Placebo)'	(b) (4), (b) (6)	09 Mar 2021 16:44:25

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

Form: Unblinding

Generated On: 11 Aug 2021 22:35:20 Will participant receive mRNA-1273?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:30:07
User entered 'Yes (Y)'	(b) (4), (b) (6)	09 Mar 2021 16:44:25

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

Form: Unblinding

Generated On: 11 Aug 2021 22:35:20

Placebo Only Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User entered '1'	System	09 Mar 2021 16:44:25

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

Form: Unblinding

Generated On: 11 Aug 2021 22:35:20

Continuing with mRNA-1273

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User entered '1'	System	09 Mar 2021 16:44:25

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

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:35:20

Height

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:31:40
User entered missing code ND - Not Done.	(b) (4), (b) (6)	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:35:20

Weight

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:31:40
User entered missing code ND - Not Done.	(b) (4), (b) (6)	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:35:20

BMI (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User entered empty.	System	09 Mar 2021 16:46:04
DataPoint set to visible.	System	09 Mar 2021 16:44:25

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

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:35:20

Height

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:31:40
User entered missing code ND - Not Done.	(b) (4), (b) (6)	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:35:20

Weight

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:31:40
User entered missing code ND - Not Done.	(b) (4), (b) (6)	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:35:20

BMI (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User entered empty.	System	09 Mar 2021 16:46:04
DataPoint set to visible.	System	09 Mar 2021 16:44:25

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Timepoint

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User accepted default value 'Pre-Dose (PREDOSE)'	(b) (4), (b) (6)	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Were vital signs assessed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:31:40
User entered 'Yes (Y)'	(b) (4), (b) (6)	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20 Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:31:40
User entered '09 Mar 2021'	(b) (4), (b) (6)	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:31:40
User entered '09:35'	(b) (4), (b) (6)	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User entered '09 Mar 2021 09:35'	System	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Temperature (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:31:40
User entered '98.5' F	(b) (4), (b) (6)	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Route of measurement

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:31:40
User entered 'Oral (Oral)'	(b) (4), (b) (6)	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

If Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:31:40
User entered empty.	(b) (4), (b) (6)	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Pulse (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:31:40
User entered '49'	(b) (4), (b) (6)	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Pulse units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User entered 'bpm'	System	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Respiratory Rate (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:31:40
User entered '12'	(b) (4), (b) (6)	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Respiratory Rate units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User entered 'breaths/min'	System	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:31:40
User entered '131'	(b) (4), (b) (6)	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Systolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User entered 'mmHg'	System	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:31:40
User entered '80'	(b) (4), (b) (6)	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Diastolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User entered 'mmHg'	System	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:35:20

Height

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:31:40
User entered missing code ND - Not Done.	(b) (4), (b) (6)	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:35:20

Weight

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:31:40
User entered missing code ND - Not Done.	(b) (4), (b) (6)	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:35:20

BMI (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User entered empty.	System	09 Mar 2021 16:46:04
DataPoint set to visible.	System	09 Mar 2021 16:44:25

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Timepoint

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User accepted default value 'Post-Dose (POSTDOSE)'	(b) (4), (b) (6)	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Were vital signs assessed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:31:40
User entered 'Yes (Y)'	(b) (4), (b) (6)	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20 Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:31:40
User entered '09 Mar 2021'	(b) (4), (b) (6)	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:31:40
User entered '10:35'	(b) (4), (b) (6)	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User entered '09 Mar 2021 10:35'	System	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Temperature (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:31:40
User entered '98.4' F	(b) (4), (b) (6)	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Route of measurement

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:31:40
User entered 'Oral (Oral)'	(b) (4), (b) (6)	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

If Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:31:40
User entered empty.	(b) (4), (b) (6)	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Pulse (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:31:40
User entered '55'	(b) (4), (b) (6)	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Pulse units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User entered 'bpm'	System	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Respiratory Rate (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:31:40
User entered '12'	(b) (4), (b) (6)	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Respiratory Rate units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User entered 'breaths/min'	System	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:31:40
User entered '123'	(b) (4), (b) (6)	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Systolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User entered 'mmHg'	System	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:31:40
User entered '76'	(b) (4), (b) (6)	09 Mar 2021 16:46:04

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Diastolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User entered 'mmHg'	System	09 Mar 2021 16:46:04

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

Form: Physical Examination

Generated On: 11 Aug 2021 22:35:20 Was the physical examination performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:32:01
User entered 'No (N)'	(b) (4), (b) (6)	09 Mar 2021 16:46:55

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

Form: Physical Examination

Generated On: 11 Aug 2021 22:35:20 Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:32:01
User entered empty.	(b) (4), (b) (6)	09 Mar 2021 16:46:55

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

Form: Exposure

Generated On: 11 Aug 2021 22:35:20

Was study treatment given?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:32:35
User entered 'Yes (Y)'	(b) (4), (b) (6)	09 Mar 2021 16:46:20

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

Form: Exposure

Generated On: 11 Aug 2021 22:35:20

If No, reason not given

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:32:35
User entered empty.	(b) (4), (b) (6)	09 Mar 2021 16:46:20

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

Form: Exposure

Generated On: 11 Aug 2021 22:35:20

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)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:32:35
User entered empty.	(b) (4), (b) (6)	09 Mar 2021 16:46:20

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

Form: Exposure

Generated On: 11 Aug 2021 22:35:20 What was the study treatment? (Unblinded)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User entered 'mRNA-1273'	System	09 Mar 2021 16:46:20
DataPoint set to visible.	System	09 Mar 2021 16:44:25

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

Form: Exposure

Generated On: 11 Aug 2021 22:35:20 What was the treatment date? (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:32:35
User entered '09 Mar 2021'	(b) (4), (b) (6)	09 Mar 2021 16:46:20

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

Form: Exposure

Generated On: 11 Aug 2021 22:35:20 What was the treatment time? (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:32:35
User entered '10:05'	(b) (4), (b) (6)	09 Mar 2021 16:46:20

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

Form: Exposure

Generated On: 11 Aug 2021 22:35:20 Treatment Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User entered '09 Mar 2021 10:05'	System	09 Mar 2021 16:46:20

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

Form: Exposure

Generated On: 11 Aug 2021 22:35:20 Which arm was used to give treatment?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:32:35
User entered 'Right Arm (RIGHT ARM)'	(b) (4), (b) (6)	09 Mar 2021 16:46:20

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

Form: Exposure

Generated On: 11 Aug 2021 22:35:20

What was the frequency of the study treatment dosing?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:32:35
User entered 'ONCE'	System	09 Mar 2021 16:46:20

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

Form: Exposure

Generated On: 11 Aug 2021 22:35:20

What was the route of administration for the study treatment?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User entered 'INTRAMUSCULAR'	System	09 Mar 2021 16:46:20

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

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:20

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User closed query 'Per GCL Lab Reconciliation: Antibody-mediated Immunogenicity: Sample dated 09-Mar-2021 is recorded under Visit OL-D1 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, pleas ship the sample and provide the tracking details in the response. Thank you.	e	31 Mar 2021 05:53:47
' (Site from DM). User signature succeeded.	Paul Pickrell (b) (4)	29 Mar 2021 15:31:31
Oser signature succeeded.	(b) (4)	29 Mai 2021 13.31.31
Query 'Per GCL Lab Reconciliation: Antibody-mediated Immunogenicity: Sample dated 09-Mar-2021 is recorded under Visit OL-D1 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, pleas ship the sample and provide the tracking details in the response. Thank you.	Olivia Hapanowicz (b) (4 (b) (4)	23 Mar 2021 16:15:38
'answered with 'sample received, req number 1F636219095' (Site from DM). User opened query 'Per GCL Lab Reconciliation: Antibody-mediated Immunogenicity: Sample dated 09-Mar-2021 is recorded under Visit OL-D1 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, pleas ship the sample and provide the tracking details in the	e	23 Mar 2021 06:45:01
response. Thank you.		
'(Site from DM). DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:33:49
User entered 'Yes (Y)'	Ethan Shotton (b) (4) (b) (4)	11 Mar 2021 13:33:48

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

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:20

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:33:49
User entered '09 Mar 2021'	Ethan Shotton (b) (4) (b) (4)	11 Mar 2021 13:33:48

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

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:20

Collection time (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:33:49
User entered '09:49'	Ethan Shotton (b) (4) (b) (4)	11 Mar 2021 13:33:48

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

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:35:20 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User entered '09 Mar 2021 09:49'	System	11 Mar 2021 13:33:48

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

Form: Central Laboratory - Nasopharyngeal Swab (Single)

Generated On: 11 Aug 2021 22:35:20

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4) (b) (4), (b) (6)	16 Mar 2021 15:35:02
User entered 'Yes (Y)'	Ethan Shotton (b) (4)	11 Mar 2021 13:34:04
	(b) (4)	

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

Form: Central Laboratory - Nasopharyngeal Swab (Single)

Generated On: 11 Aug 2021 22:35:20

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:35:02
User entered '09 Mar 2021'	Ethan Shotton (b) (4) (b) (4)	11 Mar 2021 13:34:04

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

Form: Central Laboratory - Nasopharyngeal Swab (Single)

Generated On: 11 Aug 2021 22:35:20

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:35:02
User entered '09:51'	Ethan Shotton (b) (4) (b) (4)	11 Mar 2021 13:34:04

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

Form: Central Laboratory - Nasopharyngeal Swab (Single)

Generated On: 11 Aug 2021 22:35:20 Collection Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User entered '09 Mar 2021 09:51'	System	11 Mar 2021 13:34:04

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

**Form: Continuing** 

Generated On: 11 Aug 2021 22:35:20
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:37:21
User entered 'Yes (Y)'	(b) (4), (b) (6)	09 Mar 2021 16:44:32

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

Form: Continuing

Generated On: 11 Aug 2021 22:35:20

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 21:12:52
User entered '1'	System	09 Mar 2021 16:44:32

Folder: Safety Call OL-D8 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 07:55:24
DataPoint Verified.	(b) (4), (b) (6)	16 Apr 2021 17:36:03
User signature succeeded.	Paul Pickrell (b) (4)	29 Mar 2021 15:31:52
User entered 'Yes (Y)'	(b) (4) (b) (4), (b) (6)	17 Mar 2021 14:00:30

Folder: Safety Call OL-D8 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 07:55:24
DataPoint Verified.	(b) (4), (b) (6)	16 Apr 2021 17:36:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
User entered '17 Mar 2021'	(b) (4), (b) (6)	17 Mar 2021 14:00:30

Folder: Safety Call OL-D8 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 07:55:24
DataPoint Verified.	(b) (4), (b) (6)	16 Apr 2021 17:36:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	17 Mar 2021 14:00:30

Folder: Safety Call OL-D8 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Comments

# If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 07:55:24
DataPoint Verified.	(b) (4), (b) (6)	16 Apr 2021 17:36:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:52
User entered empty.	(b) (4), (b) (6)	17 Mar 2021 14:00:30

Folder: Safety Call OL-D8 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:20
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 07:55:24
DataPoint Verified.	(b) (4), (b) (6)	16 Apr 2021 17:36:09
User signature succeeded.	Paul Pickrell (b) (4)	29 Mar 2021 15:31:52
User entered 'Yes (Y)'	(b) (4) (b) (4), (b) (6)	17 Mar 2021 14:00:37

Folder: Safety Call OL-D8 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:20

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 07:55:24
User entered '1'	System	17 Mar 2021 14:00:37

Folder: Safety Call OL-D8 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:20

OLD29 Placebo Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	01 May 2021 07:55:24
User entered '1' DataPoint set to visible.	System System	17 Mar 2021 14:00:37 17 Mar 2021 14:00:37

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

Generated On: 11 Aug 2021 22:35:20

Was this visit performed?

User	Time (GMT)
Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
4 1 1	(4) 05 Apr 2021 14:41:39
	Paul Pickrell (b) (4) (b) (4)

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

Generated On: 11 Aug 2021 22:35:20

Visit date (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
User entered '05 Apr 2021'	(b) (4) Olivia Hapanowicz (b) (b) (4)	(4) 05 Apr 2021 14:41:39

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

Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
User entered 'Clinic (Clinic)'	(b) (4) Olivia Hapanowicz (b) (4) (b) (4)	) 05 Apr 2021 14:41:39

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

Generated On: 11 Aug 2021 22:35:20

Folder OID

Audit	User	Time (GMT)
User entered 'OLD29'	System	05 Apr 2021 14:41:39

**Folder: OL-D29 (1)** 

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Timepoint

Audit	User	Time (GMT)
User accepted default value 'Pre-Dose (PREDOSE)'	(b) (4), (b) (6)	05 Apr 2021 15:10:51

**Folder: OL-D29 (1)** 

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Were vital signs assessed?

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
User entered 'Yes (Y)'	(b) (4) (b) (4), (b) (6)	05 Apr 2021 15:10:51

**Folder: OL-D29 (1)** 

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20 Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
User entered '05 Apr 2021'	(b) (4) (b) (4), (b) (6)	05 Apr 2021 15:10:51

Folder: OL-D29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
User entered '09:31'	(b) (4) (b) (4), (b) (6)	05 Apr 2021 15:10:51

**Folder: OL-D29 (1)** 

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
User entered '05 Apr 2021 09:31'	System	05 Apr 2021 15:10:51

Folder: OL-D29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Temperature (xxx.x)

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
User entered '98.0' F	(b) (4) (b) (4), (b) (6)	05 Apr 2021 15:10:51

Folder: OL-D29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Route of measurement

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
User entered 'Oral (Oral)'	(b) (4) (b) (4), (b) (6)	05 Apr 2021 15:10:51

Folder: OL-D29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

If Other, specify

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
User entered empty.	(b) (4) (b) (4), (b) (6)	05 Apr 2021 15:10:51

Folder: OL-D29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Pulse (xxx)

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
User entered '80'	(b) (4) (b) (4), (b) (6)	05 Apr 2021 15:10:51

Folder: OL-D29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Pulse units

Audit	User	Time (GMT)
User entered 'bpm'	System	05 Apr 2021 15:10:51

**Folder: OL-D29 (1)** 

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Respiratory Rate (xxx)

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
User entered '12'	(b) (4) (b) (4), (b) (6)	05 Apr 2021 15:10:51

Folder: OL-D29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Respiratory Rate units

Audit	User	Time (GMT)
User entered 'breaths/min'	System	05 Apr 2021 15:10:51

**Folder: OL-D29 (1)** 

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
User entered '123'	(b) (4) (b) (4), (b) (6)	05 Apr 2021 15:10:51

**Folder: OL-D29 (1)** 

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Systolic Blood Pressure units

Audit	User	Time (GMT)
User entered 'mmHg'	System	05 Apr 2021 15:10:51

**Folder: OL-D29 (1)** 

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
User entered '81'	(b) (4) (b) (4), (b) (6)	05 Apr 2021 15:10:51

**Folder: OL-D29 (1)** 

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:35:20

Diastolic Blood Pressure units

Audit	User	Time (GMT)
User entered 'mmHg'	System	05 Apr 2021 15:10:51

Folder: OL-D29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Timepoint

Audit	User	Time (GMT)
User accepted default value 'Post-Dose (POSTDOSE)'	(b) (4), (b) (6)	05 Apr 2021 15:10:51

Folder: OL-D29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Were vital signs assessed?

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
User entered 'Yes (Y)'	(b) (4) (b) (4), (b) (6)	05 Apr 2021 15:10:51

Folder: OL-D29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20 Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Apr 2021 15:53:58
User closed query 'Data is required. Please provide.' (Site from System).		05 Apr 2021 15:36:53
User entered '05 Apr 2021' reason for change: Data Entry Error	(b) (4), (b) (6)	05 Apr 2021 15:36:53
User opened query 'Data is required. Please provide.' (Site from System).	System	05 Apr 2021 15:10:51
User entered empty.	(b) (4), (b) (6)	05 Apr 2021 15:10:51

**Folder: OL-D29 (1)** 

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
User closed query 'Data is required. Please provide.' (Site from System).	(b) (4) System	05 Apr 2021 15:36:53
Query 'Data is required. Please provide.' answered by	System	05 Apr 2021 15:36:53
data change (Site from System). User entered '10:36' reason for change: Data Entry Error	(b) (4), (b) (6)	05 Apr 2021 15:36:53
User opened query 'Data is required. Please provide.'	System	05 Apr 2021 15:10:51
(Site from System). User entered empty.	(b) (4), (b) (6)	05 Apr 2021 15:10:51

Folder: OL-D29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
User entered '05 Apr 2021 10:36'	System	05 Apr 2021 15:36:53
User entered empty.	System	05 Apr 2021 15:10:51

Folder: OL-D29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Temperature (xxx.x)

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
User closed query 'Data is required. Please provide.' (Site from System).	(b) (4) System	05 Apr 2021 15:36:53
Query 'Data is required. Please provide.' answered by	System	05 Apr 2021 15:36:53
data change (Site from System). User entered '98.1' F reason for change: Data Entry Error	(b) (4), (b) (6)	05 Apr 2021 15:36:53
User opened query 'Data is required. Please provide.'	System	05 Apr 2021 15:10:51
(Site from System). User entered empty.	(b) (4), (b) (6)	05 Apr 2021 15:10:51

Folder: OL-D29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Route of measurement

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
User entered 'Oral (Oral)'	(b) (4) (b) (4), (b) (6)	05 Apr 2021 15:10:51

Folder: OL-D29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

If Other, specify

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
User entered empty.	(b) (4) (b) (4), (b) (6)	05 Apr 2021 15:10:51

Folder: OL-D29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Pulse (xxx)

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
User closed query 'Data is required. Please provide.' (Site from System).	(b) (4) System	05 Apr 2021 15:36:53
Query 'Data is required. Please provide.' answered by	System	05 Apr 2021 15:36:53
data change (Site from System). User entered '51' reason for change: Data Entry Error	(b) (4), (b) (6)	05 Apr 2021 15:36:53
User opened query 'Data is required. Please provide.'	System	05 Apr 2021 15:10:51
(Site from System). User entered empty.	(b) (4), (b) (6)	05 Apr 2021 15:10:51

Folder: OL-D29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Pulse units

Audit	User	Time (GMT)
User entered 'bpm'	System	05 Apr 2021 15:36:53
User entered empty.	System	05 Apr 2021 15:10:51

Folder: OL-D29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Respiratory Rate (xxx)

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
User closed query 'Data is required. Please provide.' (Site from System).	(b) (4) System	05 Apr 2021 15:36:53
Query 'Data is required. Please provide.' answered by	System	05 Apr 2021 15:36:53
data change (Site from System). User entered '12' reason for change: Data Entry Error	(b) (4), (b) (6)	05 Apr 2021 15:36:53
User opened query 'Data is required. Please provide.'	System	05 Apr 2021 15:10:51
(Site from System). User entered empty.	(b) (4), (b) (6)	05 Apr 2021 15:10:51

Folder: OL-D29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Respiratory Rate units

Audit	User	Time (GMT)
User entered 'breaths/min'	System	05 Apr 2021 15:36:53
User entered empty.	System	05 Apr 2021 15:10:51

Folder: OL-D29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
User closed query 'Data is required. Please provide.' (Site from System).	(b) (4) System	05 Apr 2021 15:36:53
Query 'Data is required. Please provide.' answered by	System	05 Apr 2021 15:36:53
data change (Site from System). User entered '115' reason for change: Data Entry Error	(b) (4), (b) (6)	05 Apr 2021 15:36:53
User opened query 'Data is required. Please provide.'	System	05 Apr 2021 15:10:51
(Site from System). User entered empty.	(b) (4), (b) (6)	05 Apr 2021 15:10:51

**Folder: OL-D29 (1)** 

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Systolic Blood Pressure units

Audit	User	Time (GMT)
User entered 'mmHg'	System	05 Apr 2021 15:36:53
User entered empty.	System	05 Apr 2021 15:10:51

**Folder: OL-D29 (1)** 

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
User closed query 'Data is required. Please provide.' (Site from System).	(b) (4) System	05 Apr 2021 15:36:53
Query 'Data is required. Please provide.' answered by	System	05 Apr 2021 15:36:53
data change (Site from System). User entered '73' reason for change: Data Entry Error	(b) (4), (b) (6)	05 Apr 2021 15:36:53
User opened query 'Data is required. Please provide.'	System	05 Apr 2021 15:10:51
(Site from System). User entered empty.	(b) (4), (b) (6)	05 Apr 2021 15:10:51

**Folder: OL-D29 (1)** 

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:35:20

Diastolic Blood Pressure units

Audit	User	Time (GMT)
User entered 'mmHg'	System	05 Apr 2021 15:36:53
User entered empty.	System	05 Apr 2021 15:10:51

**Folder: OL-D29 (1)** 

Form: Physical Examination

Generated On: 11 Aug 2021 22:35:20 Was the physical examination performed?

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
User entered 'No (N)'	(b) (4) Olivia Hapanowicz (b) (4 (b) (4)	05 Apr 2021 14:41:44

**Folder: OL-D29 (1)** 

Form: Physical Examination

Generated On: 11 Aug 2021 22:35:20 Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
User entered empty.	(b) (4) Olivia Hapanowicz (b) (4 (b) (4)	05 Apr 2021 14:41:44

Folder: OL-D29 (1) Form: Exposure

Generated On: 11 Aug 2021 22:35:20

Was study treatment given?

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
User entered 'Yes (Y)'	(b) (4) (b) (4), (b) (6)	05 Apr 2021 15:09:34

Folder: OL-D29 (1) Form: Exposure

Generated On: 11 Aug 2021 22:35:20

If No, reason not given

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
User entered empty.	(b) (4) (b) (4), (b) (6)	05 Apr 2021 15:09:34

Folder: OL-D29 (1) Form: Exposure

Generated On: 11 Aug 2021 22:35:20

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

specify

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
User entered empty.	(b) (4) (b) (4), (b) (6)	05 Apr 2021 15:09:34

Folder: OL-D29 (1) Form: Exposure

Generated On: 11 Aug 2021 22:35:20 What was the study treatment? (Unblinded)

Audit	User	Time (GMT)
User entered 'mRNA-1273'	System	05 Apr 2021 15:09:34
DataPoint set to visible.	System	17 Mar 2021 14:00:37

Folder: OL-D29 (1) Form: Exposure

Generated On: 11 Aug 2021 22:35:20 What was the treatment date? (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Apr 2021 15:53:58
User closed query 'The Treatment Date is not equal to the Visit Date. Please review and reconcile.' (Site from System).		05 Apr 2021 15:10:07
Query 'The Treatment Date is not equal to the Visit Date. Please review and reconcile.' answered by data change (Site from System).		05 Apr 2021 15:10:07
User entered '05 Apr 2021' reason for change: Data Entry Error	(b) (4), (b) (6)	05 Apr 2021 15:10:07
User opened query 'The Treatment Date is not equal to the Visit Date. Please review and reconcile.' (Site from System).	System	05 Apr 2021 15:09:34
User entered '04 Apr 2021'	(b) (4), (b) (6)	05 Apr 2021 15:09:34

Folder: OL-D29 (1) Form: Exposure

Generated On: 11 Aug 2021 22:35:20 What was the treatment time? (00:00-23:59)

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
User entered '10:06'	(b) (4) (b) (4), (b) (6)	05 Apr 2021 15:09:34

Folder: OL-D29 (1) Form: Exposure

Generated On: 11 Aug 2021 22:35:20 Treatment Date and Time (derived)

Audit	User	Time (GMT)
User entered '05 Apr 2021 10:06'	System	05 Apr 2021 15:10:07
User entered '04 Apr 2021 10:06'	System	05 Apr 2021 15:09:34

Folder: OL-D29 (1) Form: Exposure

Generated On: 11 Aug 2021 22:35:20 Which arm was used to give treatment?

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
User entered 'Right Arm (RIGHT ARM)'	(b) (4) (b) (4), (b) (6)	05 Apr 2021 15:09:34

Folder: OL-D29 (1) Form: Exposure

Generated On: 11 Aug 2021 22:35:20

What was the frequency of the study treatment dosing?

Audit	User	Time (GMT)
User entered 'ONCE'	System	05 Apr 2021 15:09:34

Folder: OL-D29 (1) Form: Exposure

Generated On: 11 Aug 2021 22:35:20

What was the route of administration for the study treatment?

Audit	User	Time (GMT)
User entered 'INTRAMUSCULAR'	System	05 Apr 2021 15:09:34

Folder: OL-D29 (1)
Form: Continuing

Generated On: 11 Aug 2021 22:35:20
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	12 Apr 2021 15:53:58
User entered 'Yes (Y)'	(b) (4) Olivia Hapanowicz (b) (4 (b) (4)	05 Apr 2021 14:41:50

Folder: OL-D29 (1)
Form: Continuing

Generated On: 11 Aug 2021 22:35:20

Continuing Flag

Audit	User	Time (GMT)
User entered '1'	System	05 Apr 2021 14:41:50

Folder: Safety Call OL-D36 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Was Contact Attempted?

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	28 Apr 2021 16:39:17
User entered 'Yes (Y)'	(b) (4) (b) (4), (b) (6)	13 Apr 2021 15:39:30

Folder: Safety Call OL-D36 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	28 Apr 2021 16:39:17
User entered '13 Apr 2021'	(b) (4) (b) (4), (b) (6)	13 Apr 2021 15:39:30

Folder: Safety Call OL-D36 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Please select one status for the follow-up contact

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	28 Apr 2021 16:39:17
User entered 'Contact Made (CONTACT MADE)'	(b) (4) (b) (4), (b) (6)	13 Apr 2021 15:39:30

Folder: Safety Call OL-D36 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:35:20

Comments

## If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	28 Apr 2021 16:39:17
User entered empty.	(b) (4) (b) (4), (b) (6)	13 Apr 2021 15:39:30

Folder: Safety Call OL-D36 (1)

**Form: Continuing** 

Generated On: 11 Aug 2021 22:35:20
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	28 Apr 2021 16:39:17
User entered 'Yes (Y)'	(b) (4) (b) (4), (b) (6)	13 Apr 2021 15:39:35

Folder: Safety Call OL-D36 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:35:20

Continuing Flag

Audit	User	Time (GMT)
User entered '1'	System	13 Apr 2021 15:39:35

**Folder: Adverse Events** 

Form: Adverse Events Summary Generated On: 11 Aug 2021 22:35:20

Did the participant experience any adverse events?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	03 May 2021 12:47:38
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Mar 2021 23:41:01
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:11:12
User entered 'Yes (Y)'	(b) (4), (b) (6)	13 Oct 2020 21:25:33

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20

Adverse event

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:29:56
User coded data point as SOC: Respiratory, thoracic	Coder Import (b) (4)	17 Mar 2021 08:46:40
and mediastinal disorders, HLGT: Pleural disorders,	(b) (4)	
HLT: Pleural infections and inflammations, PT:		
Pleurisy, LLT: Pleurisy - version MedDRA\\23.0.	75.77	
User coded data point as Term Coded data point by	Coder Import (b) (4)	17 Mar 2021 08:46:40
User: (b) (6) - version MedDRA $\23.0$ .	` , ` ,	16 May 2021 15 20 02
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:39:03
Data point term sent to Coder	System	15 Mar 2021 15:41:46
Coding entries removed.	Eileen Euperio (b) (4)	15 Mar 2021 15:41:00
	(b) (4)	1536 2021 15 41 00
Signature has been broken.	Eileen Euperio (b) (4)	15 Mar 2021 15:41:00
User entered 'IDIOPATHIC PLEURISY WITH	(b) (4) Eileen Euperio (b) (4)	15 Mar 2021 15:41:00
RECURRENCE' reason for change: Data Entry	(b) (4)	15 1144 2021 15.11.00
Error	(-) ( )	
User signature succeeded.	Paul Pickrell (b) (4)	12 Mar 2021 23:41:01
	(b) (4)	
User closed query 'Per DM CLR: Please review if	(b) (4), (b) (6)	16 Nov 2020 15:50:12
this is a worsening of the patient's ongoing Med		
History condition of PLEURISY. If yes, please update the AE term to reflect the worsening of this		
condition and ensure that severity is greater than		
baseline. Otherwise, clarify.' (Site from DM).		
Query 'Per DM CLR: Please review if this is a	(b) (4), (b) (6)	12 Nov 2020 22:49:14
worsening of the patient's ongoing Med History		12110 / 2020 22115111
condition of PLEURISY. If yes, please update the		
AE term to reflect the worsening of this condition		
and ensure that severity is greater than baseline.		
Otherwise, clarify.' answered with 'This is a		
recurrence of a medical condition that had resolved a	l	
year prior. Investigator believed that "recurrence"		
characterizes the situation better than "worsening".		
Please indicate if this is acceptable in EDC. '(Site		
from DM).		

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20

Adverse event

Audit	User	Time (GMT)
User opened query 'Per DM CLR: Please review if	(b) (4), (b) (6)	11 Nov 2020 10:46:45
this is a worsening of the patient's ongoing Med		
History condition of PLEURISY. If yes, please		
update the AE term to reflect the worsening of this		
condition and ensure that severity is greater than		
baseline. Otherwise, clarify.' (Site from DM).		
User coded data point as SOC: Respiratory, thoracic	Coder Import (b) (4)	14 Oct 2020 05:54:29
and mediastinal disorders, HLGT: Pleural disorders,	(b) (4)	
HLT: Pleural infections and inflammations, PT:		
Pleurisy, LLT: Pleurisy - version MedDRA\\23.0.		
User coded data point as Term Coded data point by	Coder Import (b) (4)	14 Oct 2020 05:54:29
User: (b) (6) - version MedDRA\\23.0.	(b) (4)	
Data point term sent to Coder	System	13 Oct 2020 22:44:14
User entered 'Idiopathic pleurisy recurrence'	(b) (4), (b) (6)	13 Oct 2020 22:43:32
· · ·		

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20 Was this a medically-attended AE?

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:39:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Mar 2021 23:41:01
User entered 'Yes (Y)'	(b) (4), (b) (6)	13 Oct 2020 22:43:32

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20 Was this a Solicited Adverse Reaction?

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:39:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Mar 2021 23:41:01
User entered 'No (N)'	(b) (4), (b) (6)	13 Oct 2020 22:43:32

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20

Is this event a confirmed diagnosis of Symptomatic Covid-19?

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:39:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Mar 2021 23:41:01
User entered 'No (N)'	(b) (4), (b) (6)	13 Oct 2020 22:43:32

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:39:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Mar 2021 23:41:01
User entered '18 Sep 2020'	(b) (4), (b) (6)	13 Oct 2020 22:43:32

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20

Start time (00:00-23:59)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:39:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Mar 2021 23:41:01
User closed query 'Start time is present for an AE that		13 Oct 2020 22:44:02
did not start within 24 hours after dosing. Please remove the Start time.' (Site from System).		
User closed query 'Data entered is non-conformant. Please correct.' (Site from System).	System	13 Oct 2020 22:44:02
User entered empty; reason for change Data Entry Error	(b) (4), (b) (6)	13 Oct 2020 22:44:02
User opened query 'Data entered is non-conformant. Please correct.' (Site from System).	System	13 Oct 2020 22:43:32
User opened query 'Start time is present for an AE that did not start within 24 hours after dosing. Please	System	13 Oct 2020 22:43:32
remove the Start time.' (Site from System). User entered 'un:un' (non-conformant).	(b) (4), (b) (6)	13 Oct 2020 22:43:32

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20

AE start date and time (derived)

Audit	User	Time (GMT)
User entered empty.	System	13 Oct 2020 22:44:02
User entered '18 Sep 2020 UN:UN'	System	13 Oct 2020 22:43:32
(non-conformant).		

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20

Ongoing?

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:39:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Mar 2021 23:41:01
User closed query 'Ongoing is Yes, but End Date is provided. Please correct.' (Site from System).	System	22 Oct 2020 16:20:06
User entered 'No (N)' reason for change: Data Entry Error	(b) (4), (b) (6)	22 Oct 2020 16:20:06
User opened query 'Ongoing is Yes, but End Date is provided. Please correct.' (Site from System).	System	22 Oct 2020 16:19:43
User entered 'Yes (Y)'	(b) (4), (b) (6)	13 Oct 2020 22:43:32

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20 If not Ongoing, end date (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:39:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Mar 2021 23:41:01
User entered '19 Oct 2020' reason for change: Data Entry Error	(b) (4), (b) (6)	22 Oct 2020 16:19:43
User entered empty.	(b) (4), (b) (6)	13 Oct 2020 22:43:32

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20

End time (00:00-23:59)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:39:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Mar 2021 23:41:01
User closed query 'Data entered is non-conformant. Please correct.' (Site from System).	System	04 Nov 2020 15:19:22
User entered empty; reason for change Data Entry Error	Ethan Shotton (b) (4) (b) (4)	04 Nov 2020 15:19:22
User closed query 'End time is present for an AE that did not start within 24 hours after dosing. Please remove the End time.' (Site from System).		26 Oct 2020 12:44:29
Query 'End time is present for an AE that did not star within 24 hours after dosing. Please remove the End time.' answered with 'data entry error' (Site from System).	(b) (4), (b) (6)	22 Oct 2020 16:21:06
User opened query 'Data entered is non-conformant. Please correct.' (Site from System).	System	22 Oct 2020 16:20:27
User entered ':00' (non-conformant).	(b) (4), (b) (6)	22 Oct 2020 16:20:27
User closed query 'Ongoing is Yes, but End Time is provided. Please correct.' (Site from System).	System	22 Oct 2020 16:20:06
User opened query 'End time is present for an AE that did not start within 24 hours after dosing. Please remove the End time.' (Site from System).	System	22 Oct 2020 16:20:06
User opened query 'Ongoing is Yes, but End Time is provided. Please correct.' (Site from System).	System	22 Oct 2020 16:19:43
User entered '17:00' reason for change: Data Entry Error	(b) (4), (b) (6)	22 Oct 2020 16:19:43
User entered empty.	(b) (4), (b) (6)	13 Oct 2020 22:43:32

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20

AE End Date and Time (derived)

Audit	User	Time (GMT)
User entered empty.	System	04 Nov 2020 15:19:22
User entered '19 Oct 2020 :00' (non-conformant).	System	22 Oct 2020 16:20:27
User entered '19 Oct 2020 17:00'	System	22 Oct 2020 16:19:43
User entered empty.	System	13 Oct 2020 22:43:32

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20

Severity

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:39:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Mar 2021 23:41:01
User entered 'Grade 2/Moderate (Grade 2/Moderate)		13 Oct 2020 22:43:32

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20

Is the adverse event serious?

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:39:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Mar 2021 23:41:01
User entered 'No (N)'	(b) (4), (b) (6)	13 Oct 2020 22:43:32

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20

Death

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:39:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Mar 2021 23:41:01
User entered '0'	(b) (4), (b) (6)	13 Oct 2020 22:43:32

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20

Life threatening

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:39:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Mar 2021 23:41:01
User entered '0'	(b) (4), (b) (6)	13 Oct 2020 22:43:32

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20

Requires inpatient or prolongation of existing Hospitalization

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:39:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Mar 2021 23:41:01
User entered '0'	(b) (4), (b) (6)	13 Oct 2020 22:43:32

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20 Hospital Admission Date (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:39:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Mar 2021 23:41:01
User entered empty.	(b) (4), (b) (6)	13 Oct 2020 22:43:32

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20 Hospital Discharge Date (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:39:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Mar 2021 23:41:01
User entered empty.	(b) (4), (b) (6)	13 Oct 2020 22:43:32

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20

Admitted to ICU?

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:39:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Mar 2021 23:41:01
User entered empty.	(b) (4), (b) (6)	13 Oct 2020 22:43:32

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20

Number of Days in ICU

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:39:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Mar 2021 23:41:01
User entered empty.	(b) (4), (b) (6)	13 Oct 2020 22:43:32

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20

Persistent or significant disability or incapacity

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:39:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Mar 2021 23:41:01
User entered '0'	(b) (4), (b) (6)	13 Oct 2020 22:43:32

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20 Congenital anomaly or birth defect

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:39:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Mar 2021 23:41:01
User entered '0'	(b) (4), (b) (6)	13 Oct 2020 22:43:32

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20

Other medically important event

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:39:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Mar 2021 23:41:01
User entered '0'	(b) (4), (b) (6)	13 Oct 2020 22:43:32

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20 Relationship to investigational product

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:39:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Mar 2021 23:41:01
User closed query 'Data is required. Please complete.' (Site from System).	System	13 Oct 2020 22:44:31
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	13 Oct 2020 22:44:31
User entered 'Related (RELATED)' reason for change: Data Entry Error	(b) (4), (b) (6)	13 Oct 2020 22:44:31
User opened query 'Data is required. Please complete.' (Site from System).	System	13 Oct 2020 22:43:32
User entered empty.	(b) (4), (b) (6)	13 Oct 2020 22:43:32

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20

Relationship to Study Procedure

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:39:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Mar 2021 23:41:01
User closed query 'Data is required. Please complete.' (Site from System).	System	13 Oct 2020 22:44:31
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	13 Oct 2020 22:44:31
User entered 'Related (RELATED)' reason for change: Data Entry Error	(b) (4), (b) (6)	13 Oct 2020 22:44:31
User opened query 'Data is required. Please complete.' (Site from System).	System	13 Oct 2020 22:43:32
User entered empty.	(b) (4), (b) (6)	13 Oct 2020 22:43:32

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20 Action taken with investigational product

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:39:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Mar 2021 23:41:01
User closed query 'Per CDM: Thank you for your response. If Investigational product was withdrawn, please update Dosing Discontinuation Form. If not, please update field to indicate. Please confirm and reconcile. ' (Site from DM).	(b) (4), (b) (6)	13 Nov 2020 18:44:00
Query 'Per CDM: Thank you for your response. If Investigational product was withdrawn, please update Dosing Discontinuation Form. If not, please update field to indicate. Please confirm and reconcile. 'answered with 'Narrative not needed per CRF guidelines.' (Site from DM).	(b) (4), (b) (6)	13 Nov 2020 14:33:04
User opened query 'Per CDM: Thank you for your response. If Investigational product was withdrawn, please update Dosing Discontinuation Form. If not, please update field to indicate. Please confirm and reconcile. '(Site from DM).	(b) (4), (b) (6)	05 Nov 2020 20:57:02
User closed query 'Per CDM: Action taken is "Investigational Product Withdrawn" however no Dosing Discontinuation form has been added. Please review and clarify or update accordingly. ' (Site from DM).		05 Nov 2020 20:57:02
Query 'Per CDM: Action taken is "Investigational Product Withdrawn" however no Dosing Discontinuation form has been added. Please review and clarify or update accordingly. 'answered with 'Dosing Discontinuation form is present in subject's chart and was registered as a discontinuation in EDC Subject will continue in the study.' (Site from DM).	Ethan Shotton (b) (4) (b) (4)	04 Nov 2020 15:23:06
User opened query 'Per CDM: Action taken is "Investigational Product Withdrawn" however no Dosing Discontinuation form has been added. Please review and clarify or update accordingly. ' (Site from DM).		22 Oct 2020 16:16:28
User closed query 'Data is required. Please complete.' (Site from System).	System	13 Oct 2020 22:44:31
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	13 Oct 2020 22:44:31

PRODUCTION RELEASE (v12.003 EAB) (1725)

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Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20 Action taken with investigational product

Audit	User	Time (GMT)
User entered 'Investigational Product Withdrawn (WITHDRAWN)' reason for change: Data Entry Error	(b) (4), (b) (6)	13 Oct 2020 22:44:31
User opened query 'Data is required. Please complete.' (Site from System).	System	13 Oct 2020 22:43:32
User entered empty.	(b) (4), (b) (6)	13 Oct 2020 22:43:32

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20

None

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:39:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Mar 2021 23:41:01
User entered '0'	(b) (4), (b) (6)	13 Oct 2020 22:43:32

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20

**Concomitant Medication** 

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:39:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Mar 2021 23:41:01
User entered '1'	(b) (4), (b) (6)	13 Oct 2020 22:43:32

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20

Concomitant Procedure

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:39:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Mar 2021 23:41:01
User entered '0'	(b) (4), (b) (6)	13 Oct 2020 22:43:32

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20

Outcome

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:39:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Mar 2021 23:41:01
User entered 'Recovered/Resolved (RECOVERED/RESOLVED)' reason for change:	(b) (4), (b) (6)	22 Oct 2020 16:19:43
Data Entry Error User entered 'Not Recovered/Not Resolved (NOT RECOVERED/NOT RESOLVED)'	(b) (4), (b) (6)	13 Oct 2020 22:43:32

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20

If outcome is Recovered/Resolved with Sequelae, please specify the sequelae:

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:39:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Mar 2021 23:41:01
User entered empty.	(b) (4), (b) (6)	13 Oct 2020 22:43:32

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20

Narrative

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:39:03
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	12 Mar 2021 23:41:01
User closed query 'Per DM CLR: SAE Narrative =	(b) (4), (b) (6)	18 Nov 2020 14:29:50
ALL SCANS WERE NORMAL. However, this is		
not recorded in the ConProc eCRF. Please review ar	<del></del>	
ensure that this is captured in the appropriate eCRF.	1	
(Site from DM).	(a.c.): 11 : (b) (4	N 17 N 2020 1 6 22 22
Query 'Per DM CLR: SAE Narrative = ALL SCAN WERE NORMAL. However, this is not recorded in	(b) (4)	7) 17 NOV 2020 16:33:23
the ConProc eCRF. Please review and ensure that th	( ) ( )	
is captured in the appropriate eCRF. 'answered with		
'Narrative not needed, updated in EDC.' (Site from		
DM).		
User entered empty; reason for change Data Entry	(b) (4), (b) (6)	13 Nov 2020 14:32:57
Error		
User opened query 'Per DM CLR: SAE Narrative =	(b) (4), (b) (6)	11 Nov 2020 10:46:57
ALL SCANS WERE NORMAL. However, this is		
not recorded in the ConProc eCRF. Please review ar		
ensure that this is captured in the appropriate eCRF.		
(Site from DM). User entered 'Pt. reported a recurrence of pleurisy or	n (b) (4), (b) (6)	13 Oct 2020 22:43:32
18sept2020, a week following their first vaccination		13 Oct 2020 22.43.32
Pt. followed up with pulmonologist on 08oct2020.		
All scans were normal, however pt. is still		
experiencing symptoms.'		

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20

Serious Adverse Event Derived (CSA Programming Field Ony)

Audit	User	Time (GMT)
User entered '0'	System	13 Oct 2020 22:43:32

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:35:20

Medically Attended AE Derived (CSA Programming Field Only)

Audit	User	Time (GMT)
User entered '1'	System	13 Oct 2020 22:43:32

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination Summary

Generated On: 11 Aug 2021 22:35:20

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	03 May 2021 12:47:38
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:39:16
User entered 'Yes (Y)' reason for change: Data Entry Error	(b) (4), (b) (6)	13 Oct 2020 22:46:22
User entered 'No (N)'	Morgan Schulle (b) (4) (b) (4)	11 Sep 2020 22:19:57

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

Generated On: 11 Aug 2021 22:35:20

Name of Medication

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	23 Apr 2021 15:57:58
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
User coded data point as ATC:	Coder Import (b) (4)	17 Mar 2021 11:21:41
MUSCULO-SKELETAL SYSTEM, ATC:	(b) (4)	
ANTIINFLAMMATORY AND ANTIRHEUMATION	C	
PRODUCTS, ATC: ANTIINFLAMMATORY AND	)	
ANTIRHEUMATIC PRODUCTS,		
NON-STEROIDS, ATC: PROPIONIC ACID		
DERIVATIVES, PRODUCT: IBUPROFEN -		
version WHODrug-Global-B3\\202003.		
User coded data point as Term Coded data point by	Coder Import (b) (4)	17 Mar 2021 11:21:41
User: (b) (6) - version	(b) (4)	
WHODrug-Global-B3\\202003.		
User closed query 'Per DM CLR: this Con Med was	(b) (4), (b) (6)	16 Mar 2021 17:20:15
added/ had dose increased on 08 OCT 2020. Please		
clarify if there was a		
WORSENING/EXACERBATION of the medical		
history condition requiring a change in medications.		
If yes, please add the applicable AE entry or explain		
the reason for change in regimen.		
'(Site from DM).		
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
D		15.34 2021 15 40 45
Data point term sent to Coder	System	15 Mar 2021 15:40:45
Coding entries removed.	Eileen Euperio (b) (4)	15 Mar 2021 15:40:02
Query 'Per DM CLR: this Con Med was added/ had	(b) (4) Eileen Euperio (b) (4)	15 Mar 2021 15:39:35
dose increased on 08 OCT 2020. Please clarify if	(b) (4)	13 Wai 2021 13.39.33
there was a WORSENING/EXACERBATION of the		
medical history condition requiring a change in	<del>U</del>	
medications. If yes, please add the applicable AE		
entry or explain the reason for change in regimen.		
'answered with 'this is associated with an AE, will		
update' (Site from DM).		
apaace (Site Holli Divi).		

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

Generated On: 11 Aug 2021 22:35:20

Name of Medication

Audit	User	Time (GMT)
User opened query 'Per DM CLR: this Con Med was added/ had dose increased on 08 OCT 2020. Please clarify if there was a WORSENING/EXACERBATION of the medical history condition requiring a change in medications. If yes, please add the applicable AE entry or explain the reason for change in regimen. '> (Site from DM).	(b) (4), (b) (6)	23 Feb 2021 08:42:20
User coded data point as ATC: MUSCULO-SKELETAL SYSTEM, ATC: ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS, ATC: ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS, NON-STEROIDS, ATC: PROPIONIC ACID DERIVATIVES, PRODUCT: IBUPROFEN - version WHODrug-Global-B3\\202003.	Coder Import (b) (4)	14 Oct 2020 08:51:29
User coded data point as Term Coded data point by User: (b) (6) - version WHODrug-Global-B3\\202003.	Coder Import (b) (4)	14 Oct 2020 08:51:29
Data point term sent to Coder User entered 'Ibuprofen'	System (b) (4), (b) (6)	13 Oct 2020 22:48:17 13 Oct 2020 22:47:24

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

Generated On: 11 Aug 2021 22:35:20

**Prophylaxis** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	23 Apr 2021 15:57:58
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered 'No (N)'	(b) (4), (b) (6)	13 Oct 2020 22:47:24

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

Generated On: 11 Aug 2021 22:35:20

Indication

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	23 Apr 2021 15:57:58
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered 'AE IDIOPATHIC PLEURISY WITH RECURRENCE' reason for change: Data Entry Error	Eileen Euperio (b) (4) (b) (4)	15 Mar 2021 15:40:02
User entered 'Pleurisy'	(b) (4), (b) (6)	13 Oct 2020 22:47:24

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

Generated On: 11 Aug 2021 22:35:20

Dose per administration

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	23 Apr 2021 15:57:58
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered '800'	(b) (4), (b) (6)	13 Oct 2020 22:47:24

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

Generated On: 11 Aug 2021 22:35:20

Dose unit

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	23 Apr 2021 15:57:58
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered 'mg (mg)'	(b) (4), (b) (6)	13 Oct 2020 22:47:24

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

Generated On: 11 Aug 2021 22:35:20

If dose unit is Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	23 Apr 2021 15:57:58
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered empty.	(b) (4), (b) (6)	13 Oct 2020 22:47:24

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

Generated On: 11 Aug 2021 22:35:20

Frequency

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	23 Apr 2021 15:57:58
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered 'as needed (PRN)'	(b) (4), (b) (6)	13 Oct 2020 22:47:24

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

Generated On: 11 Aug 2021 22:35:20

If frequency is Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	23 Apr 2021 15:57:58
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered empty.	(b) (4), (b) (6)	13 Oct 2020 22:47:24

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

Generated On: 11 Aug 2021 22:35:20

Route of administration

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	23 Apr 2021 15:57:58
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered 'Oral (ORAL)'	(b) (4), (b) (6)	13 Oct 2020 22:47:24

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

Generated On: 11 Aug 2021 22:35:20 If route of administration is Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	23 Apr 2021 15:57:58
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered empty.	(b) (4), (b) (6)	13 Oct 2020 22:47:24

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

Generated On: 11 Aug 2021 22:35:20

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	23 Apr 2021 15:57:58
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered '08 Oct 2020'	(b) (4), (b) (6)	13 Oct 2020 22:47:24

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

Generated On: 11 Aug 2021 22:35:20

Start date completely unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	23 Apr 2021 15:57:58
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered '0'	(b) (4), (b) (6)	13 Oct 2020 22:47:24

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

Generated On: 11 Aug 2021 22:35:20

Ongoing?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	23 Apr 2021 15:57:58
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
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).		01 Feb 2021 13:19:05
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 'stop date not entered in error' (Site from DM).	John Luna (b) (4)	29 Jan 2021 19:12:42
User entered 'No (N)' reason for change: Data Entry Error	John Luna (b) (4)	29 Jan 2021 19:12:31
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).	, , , , , , ,	17 Dec 2020 13:21:27
User entered 'Yes (Y)'	(b) (4), (b) (6)	13 Oct 2020 22:47:24

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

Generated On: 11 Aug 2021 22:35:20
If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	23 Apr 2021 15:57:58
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered '22 Oct 2020' reason for change: Data Entry Error	John Luna (b) (4)	29 Jan 2021 19:12:31
User entered empty.	(b) (4), (b) (6)	13 Oct 2020 22:47:24

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

Generated On: 11 Aug 2021 22:35:20

Was this medication taken for solicited event?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	23 Apr 2021 15:57:58
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered 'No (N)'	(b) (4), (b) (6)	13 Oct 2020 22:47:24

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

Generated On: 11 Aug 2021 22:35:20 Separate Dosage Number (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	23 Apr 2021 15:57:58
User entered empty.	System	13 Oct 2020 22:47:24

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

Generated On: 11 Aug 2021 22:35:20 Interval Dosage Unit Number (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	23 Apr 2021 15:57:58
User entered empty.	System	13 Oct 2020 22:47:24

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

Generated On: 11 Aug 2021 22:35:20 Interval Dosage Definition (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (6), (b) (4)	23 Apr 2021 15:57:58
User entered empty.	System	13 Oct 2020 22:47:24

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

Generated On: 11 Aug 2021 22:35:20

Name of Medication

Audit	User	Time (GMT)
User coded data point as ATC: MUSCULO-SKELETAL SYSTEM, ATC: MUSCL RELAXANTS, ATC: MUSCLE RELAXANTS, CENTRALLY ACTING AGENTS, ATC: OTHER CENTRALLY ACTING AGENTS, PRODUCT: CYCLOBENZAPRINE HYDROCHLORIDE, PRODUCTSYNONYM: FLEXERIL [CYCLOBENZAPRINE HYDROCHLORIDE] - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) E (b) (4)	05 Apr 2021 11:33:15
User coded data point as Term Coded data point by User: (b) (6) - version WHODrug-Global-B3\\202003.	Coder Import (b) (4)	05 Apr 2021 11:33:15
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
User coded data point as ATC: ANTIINFECTIVES FOR SYSTEMIC USE, ATC: ANTIBACTERIALS FOR SYSTEMIC USE, ATC: OTHER BETA-LACTAM ANTIBACTERIALS, ATC: THIRD-GENERATION CEPHALOSPORINS, PRODUCT: CEFIXIME, PRODUCTSYNONYM: FLEXERIL [CEFIXIME] - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	17 Mar 2021 09:53:44
User coded data point as Term Coded data point by User: (b) (6) - version WHODrug-Global-B3\\202003.	Coder Import (b) (4)	17 Mar 2021 09:53:44
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
Data point term sent to Coder Coding entries removed.	System Eileen Euperio (b) (4) (b) (4)	15 Mar 2021 15:41:46 15 Mar 2021 15:41:19
User coded data point as ATC: ANTIINFECTIVES FOR SYSTEMIC USE, ATC: ANTIBACTERIALS FOR SYSTEMIC USE, ATC: OTHER BETA-LACTAM ANTIBACTERIALS, ATC: THIRD-GENERATION CEPHALOSPORINS, PRODUCT: CEFIXIME, PRODUCTSYNONYM: FLEXERIL [CEFIXIME] - version WHODrug-Global-B3\\202003.	Coder Import (b) (4)	22 Oct 2020 21:52:18
User coded data point as Term Coded data point by User: (b) (6) - version WHODrug-Global-B3\\202003.	Coder Import (b) (4)	22 Oct 2020 21:52:18
Data point term sent to Coder	System	22 Oct 2020 16:09:02
PRODUCTION RELEASE (v12.003 EAB) (1725)		1495 of 1553

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

Generated On: 11 Aug 2021 22:35:20

Name of Medication

Audit	User	Time (GMT)
User entered 'Flexeril' reason for change: Data Entry	y (b) (4), (b) (6)	22 Oct 2020 16:08:38
Error		
Data point term sent to Coder	System	22 Oct 2020 16:08:01
User entered 'Fleril'	(b) (4), (b) (6)	22 Oct 2020 16:07:57
		-

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

Generated On: 11 Aug 2021 22:35:20

**Prophylaxis** 

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4) (b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered 'No (N)'	(b) (4), (b) (6)	22 Oct 2020 16:07:57

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

Generated On: 11 Aug 2021 22:35:20

Indication

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered 'AE IDIOPATHIC PLEURISY WITH RECURRENCE' reason for change: Data Entry Error	(b) (4)	15 Mar 2021 15:41:19
User entered 'Pleurisy'	(b) (4), (b) (6)	22 Oct 2020 16:07:57

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

Generated On: 11 Aug 2021 22:35:20

Dose per administration

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4) (b) (4), (b) (6)	16 Mar 2021 15:41:04
User closed query 'Per DM CLR: Please review the	(b) (4), (b) (6)	01 Feb 2021 13:18:20
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).		
User entered '5' reason for change: Data Entry Error	r John Luna (b) (4)	29 Jan 2021 19:11:46
Query 'Per DM CLR: Please review the dose	John Luna (b) (4)	29 Jan 2021 19:11:41
recorded as this is not the standard dose for this		
medication. Please correct the dosage or provide		
explanation for alternate dosage.		
'answered with 'correct, dosage id 5 mg' (Site from		
DM).	/b\ /C\ /b\ /4\	14 D 2020 14 41 10
User opened query 'Per DM CLR: Please review the	( ) ( ) ( ) ( )	14 Dec 2020 14:41:10
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).		
User entered '.5'	(b) (4) (b) (6)	22 Oct 2020 16:07:57
OSCI CINCICA .5	(b) (4), (b) (6)	22 Oct 2020 10.07.37

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

Generated On: 11 Aug 2021 22:35:20

Dose unit

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4) (b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered 'mg (mg)'	(b) (4), (b) (6)	22 Oct 2020 16:07:57

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

Generated On: 11 Aug 2021 22:35:20

If dose unit is Other, specify

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4) (b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered empty.	(b) (4), (b) (6)	22 Oct 2020 16:07:57

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

Generated On: 11 Aug 2021 22:35:20

Frequency

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered 'as needed (PRN)'	(b) (4), (b) (6)	22 Oct 2020 16:07:57

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

Generated On: 11 Aug 2021 22:35:20

If frequency is Other, specify

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered empty.	(b) (4), (b) (6)	22 Oct 2020 16:07:57

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

Generated On: 11 Aug 2021 22:35:20

Route of administration

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered 'Oral (ORAL)'	(b) (4), (b) (6)	22 Oct 2020 16:07:57

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

Generated On: 11 Aug 2021 22:35:20 If route of administration is Other, specify

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4) (b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered empty.	(b) (4), (b) (6)	22 Oct 2020 16:07:57

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

Generated On: 11 Aug 2021 22:35:20

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered '2 Oct 2020'	(b) (4), (b) (6)	22 Oct 2020 16:07:57

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

Generated On: 11 Aug 2021 22:35:20

Start date completely unknown

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4) (b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered '0'	(b) (4), (b) (6)	22 Oct 2020 16:07:57

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

Generated On: 11 Aug 2021 22:35:20

Ongoing?

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4) (b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered 'No (N)'	(b) (4), (b) (6)	22 Oct 2020 16:07:57

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

Generated On: 11 Aug 2021 22:35:20
If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4) (b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered '19 Oct 2020'	(b) (4), (b) (6)	22 Oct 2020 16:07:57

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

Generated On: 11 Aug 2021 22:35:20

Was this medication taken for solicited event?

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered 'No (N)'	(b) (4), (b) (6)	22 Oct 2020 16:07:57

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

Generated On: 11 Aug 2021 22:35:20 Separate Dosage Number (derived)

Audit	User	Time (GMT)
User entered empty.	System	22 Oct 2020 16:07:57

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

Generated On: 11 Aug 2021 22:35:20 Interval Dosage Unit Number (derived)

Audit	User	Time (GMT)
User entered empty.	System	22 Oct 2020 16:07:57

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

Generated On: 11 Aug 2021 22:35:20 Interval Dosage Definition (derived)

Audit	User	Time (GMT)
User entered empty.	System	22 Oct 2020 16:07:57

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

Generated On: 11 Aug 2021 22:35:20

Name of Medication

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	23 Apr 2021 09:13:17
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
User coded data point as ATC: RESPIRATORY SYSTEM, ATC: DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES, ATC: ADRENERGICS, INHALANTS, ATC: SELECTIVE BETA-2-ADRENORECEPTOR AGONISTS, PRODUCT: SALBUTAMOL, PRODUCTSYNONYM: ALBUTEROL [SALBUTAMOL] - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	17 Mar 2021 07:07:39
User coded data point as Term Coded data point by User: (b) (6) - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	17 Mar 2021 07:07:39
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
Data point term sent to Coder	System	15 Mar 2021 15:41:46
Coding entries removed.	Eileen Euperio (b) (4) (b) (4)	15 Mar 2021 15:41:32
User coded data point as ATC: RESPIRATORY SYSTEM, ATC: DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES, ATC: ADRENERGICS, INHALANTS, ATC: SELECTIVE BETA-2-ADRENORECEPTOR AGONISTS, PRODUCT: SALBUTAMOL, PRODUCTSYNONYM: ALBUTEROL [SALBUTAMOL] - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	22 Oct 2020 19:25:36
User coded data point as Term Coded data point by User: (b) (6) - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	22 Oct 2020 19:25:36
Data point term sent to Coder User entered 'Albuterol'	System (b) (4), (b) (6)	22 Oct 2020 16:11:11 22 Oct 2020 16:10:37

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

Generated On: 11 Aug 2021 22:35:20

**Prophylaxis** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	23 Apr 2021 09:13:17
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered 'No (N)'	(b) (4), (b) (6)	22 Oct 2020 16:10:37

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

Generated On: 11 Aug 2021 22:35:20

Indication

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	23 Apr 2021 09:13:17
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered 'AE IDIOPATHIC PLEURISY WITH RECURRENCE' reason for change: Data Entry Error	(b) (4)	15 Mar 2021 15:41:32
User entered 'Pleurisy'	(b) (4), (b) (6)	22 Oct 2020 16:10:37

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

Generated On: 11 Aug 2021 22:35:20

Dose per administration

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	23 Apr 2021 09:13:17
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered '1.25'	(b) (4), (b) (6)	22 Oct 2020 16:10:37

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

Generated On: 11 Aug 2021 22:35:20

Dose unit

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	23 Apr 2021 09:13:17
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered 'mg (mg)'	(b) (4), (b) (6)	22 Oct 2020 16:10:37

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

Generated On: 11 Aug 2021 22:35:20

If dose unit is Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	23 Apr 2021 09:13:17
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered empty.	(b) (4), (b) (6)	22 Oct 2020 16:10:37

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

Generated On: 11 Aug 2021 22:35:20

Frequency

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	23 Apr 2021 09:13:17
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered 'as needed (PRN)'	(b) (4), (b) (6)	22 Oct 2020 16:10:37

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

Generated On: 11 Aug 2021 22:35:20

If frequency is Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	23 Apr 2021 09:13:17
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered empty.	(b) (4), (b) (6)	22 Oct 2020 16:10:37

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

Generated On: 11 Aug 2021 22:35:20

Route of administration

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	23 Apr 2021 09:13:17
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered 'Respiratory (Inhalation) (RESPIRATORY (INHALATION))'	(b) (4), (b) (6)	22 Oct 2020 16:10:37

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

Generated On: 11 Aug 2021 22:35:20 If route of administration is Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	23 Apr 2021 09:13:17
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered empty.	(b) (4), (b) (6)	22 Oct 2020 16:10:37

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

Generated On: 11 Aug 2021 22:35:20

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	23 Apr 2021 09:13:17
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered '2 Oct 2020'	(b) (4), (b) (6)	22 Oct 2020 16:10:37

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

Generated On: 11 Aug 2021 22:35:20

Start date completely unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	23 Apr 2021 09:13:17
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered '0'	(b) (4), (b) (6)	22 Oct 2020 16:10:37

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

Generated On: 11 Aug 2021 22:35:20

Ongoing?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	23 Apr 2021 09:13:17
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered 'No (N)'	(b) (4), (b) (6)	22 Oct 2020 16:10:37

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

Generated On: 11 Aug 2021 22:35:20
If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	23 Apr 2021 09:13:17
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered '19 Oct 2020'	(b) (4), (b) (6)	22 Oct 2020 16:10:37

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

Generated On: 11 Aug 2021 22:35:20

Was this medication taken for solicited event?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	23 Apr 2021 09:13:17
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered 'No (N)'	(b) (4), (b) (6)	22 Oct 2020 16:10:37

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

Generated On: 11 Aug 2021 22:35:20 Separate Dosage Number (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	23 Apr 2021 09:13:17
User entered empty.	System	22 Oct 2020 16:10:37

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

Generated On: 11 Aug 2021 22:35:20 Interval Dosage Unit Number (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	23 Apr 2021 09:13:17
User entered empty.	System	22 Oct 2020 16:10:37

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

Generated On: 11 Aug 2021 22:35:20 Interval Dosage Definition (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	23 Apr 2021 09:13:17
User entered empty.	System	22 Oct 2020 16:10:37

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

Generated On: 11 Aug 2021 22:35:20

Name of Medication

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:53:34
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User coded data point as ATC: ANTIINFECTIVES FOR SYSTEMIC USE, ATC: VACCINES, ATC: VIRAL VACCINES, ATC: INFLUENZA VACCINES, PRODUCT: INFLUENZA VACCINE version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	22 Oct 2020 16:13:38
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	22 Oct 2020 16:13:38
Data point term sent to Coder	System	22 Oct 2020 16:13:14
User entered 'Influenza vaccine'	(b) (4), (b) (6)	22 Oct 2020 16:12:35

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

Generated On: 11 Aug 2021 22:35:20

**Prophylaxis** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:53:34
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered 'Yes (Y)'	(b) (4), (b) (6)	22 Oct 2020 16:12:35

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

Generated On: 11 Aug 2021 22:35:20

Indication

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:53:34
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered 'wellness'	(b) (4), (b) (6)	22 Oct 2020 16:12:35

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

Generated On: 11 Aug 2021 22:35:20

Dose per administration

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:53:34
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered '0.5'	(b) (4), (b) (6)	22 Oct 2020 16:12:35

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

Generated On: 11 Aug 2021 22:35:20

Dose unit

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:53:34
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered 'mL (mL)'	(b) (4), (b) (6)	22 Oct 2020 16:12:35

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

Generated On: 11 Aug 2021 22:35:20

If dose unit is Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:53:34
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered empty.	(b) (4), (b) (6)	22 Oct 2020 16:12:35

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

Generated On: 11 Aug 2021 22:35:20

Frequency

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:53:34
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered 'once (ONCE)'	(b) (4), (b) (6)	22 Oct 2020 16:12:35

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

Generated On: 11 Aug 2021 22:35:20

If frequency is Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:53:34
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered empty.	(b) (4), (b) (6)	22 Oct 2020 16:12:35

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

Generated On: 11 Aug 2021 22:35:20

Route of administration

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:53:34
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered 'Intramuscular (INTRAMUSCULAR)'	(b) (4), (b) (6)	22 Oct 2020 16:12:35

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

Generated On: 11 Aug 2021 22:35:20 If route of administration is Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:53:34
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered empty.	(b) (4), (b) (6)	22 Oct 2020 16:12:35

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

Generated On: 11 Aug 2021 22:35:20

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:53:34
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered '21 Oct 2020'	(b) (4), (b) (6)	22 Oct 2020 16:12:35

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

Generated On: 11 Aug 2021 22:35:20

Start date completely unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:53:34
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered '0'	(b) (4), (b) (6)	22 Oct 2020 16:12:35

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

Generated On: 11 Aug 2021 22:35:20

Ongoing?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:53:34
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered 'No (N)'	(b) (4), (b) (6)	22 Oct 2020 16:12:35

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

Generated On: 11 Aug 2021 22:35:20
If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:53:34
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered '21 Oct 2020'	(b) (4), (b) (6)	22 Oct 2020 16:12:35

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

Generated On: 11 Aug 2021 22:35:20

Was this medication taken for solicited event?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:53:34
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4), (b) (6)	16 Mar 2021 15:41:04
User entered 'No (N)'	(b) (4), (b) (6)	22 Oct 2020 16:12:35

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

Generated On: 11 Aug 2021 22:35:20 Separate Dosage Number (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:53:34
User entered empty.	System	22 Oct 2020 16:12:35

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

Generated On: 11 Aug 2021 22:35:20 Interval Dosage Unit Number (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:53:34
User entered empty.	System	22 Oct 2020 16:12:35

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

Generated On: 11 Aug 2021 22:35:20 Interval Dosage Definition (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 08:53:34
User entered empty.	System	22 Oct 2020 16:12:35

Folder: Concomitant Procedures (1)
Form: Concomitant Procedures Summary
Generated On: 11 Aug 2021 22:35:20
Were any concomitant procedures performed?

Audit	User	Time (GMT)
User signature succeeded.	Paul Pickrell (b) (4)	22 Mar 2021 13:34:40
DataPoint Verified.	(b) (4) (b) (4), (b) (6)	16 Mar 2021 15:46:27
User entered 'No (N)'	Ethan Shotton (b) (4) (b) (4)	04 Mar 2021 23:24:45

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

Generated On: 11 Aug 2021 22:35:20

Date of dosing discontinuation (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:46:32
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:45:00
User entered '13 Oct 2020'	(b) (4), (b) (6)	13 Nov 2020 14:31:33

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

Generated On: 11 Aug 2021 22:35:20 Primary reason for dosing discontinuation

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 12:46:32
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:45:00
User entered 'AE (specify) (ADVERSE EVENT)'	(b) (4), (b) (6)	13 Nov 2020 14:31:33

Folder: End of Study (1)
Form: Dosing Discontinuation
Generated On: 11 Aug 2021 22:35:20

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)	27 Apr 2021 12:46:32
User signature succeeded.	Paul Pickrell (b) (4) (b) (4)	29 Mar 2021 15:31:31
DataPoint Verified.	(b) (4), (b) (6)	26 Jan 2021 07:45:00
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)	22 Nov 2020 23:11:55
Query 'Per CDM: please record AE record number (i.e. AE #1, etc.) instead of details' answered with 'UPDATED' (Site from DM).	Eileen Euperio (b) (4) (b) (4)	19 Nov 2020 23:35:48
User entered 'AE #1' reason for change: Data Entry Error	Eileen Euperio (b) (4) (b) (4)	19 Nov 2020 23:35:43
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 14:59:22
User entered 'Idiopathic pleurisy with recurrence'	(b) (4), (b) (6)	13 Nov 2020 14:31:33