# US3222061 (Prod: Accel Research Site - Avail - ERN-PPDS)

Generated By: KC Joubran

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Form: Participant Creation

Data signed: (b) (4) 19 Feb 2021 15:09:11

Generated On: 11 Aug 2021 22:01:53

Participant ID US3222061

mRNA-1273-P301 Completion Guidelines

Folder: Screening Form: Visit Date

Data signed: (b) (4) 19 Feb 2021 15:10:44

Was this visit performed?	Yes
	No
Visit date (dd MMM yyyy)	10 AUG 2020
Was visit performed at the participant's home or at the clinic?	Home
	Clinic
Folder OID	SCRN

Folder: Screening Form: Demographics

Data signed: (b) (4) 19 Feb 2021 15:10:44

Date of Birth (MMM yyyy)	(b) (6) 1949
Age	71
Age Units	YEARS
Age (Derived)	71
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) 19 Feb 2021 15:10:44

Date of Informed Consent (dd MMM yyyy)	10 AUG 2020
Month and Year of Informed Consent (derived)	AUG 2020
Year of Informed Consent (derived)	2020
Protocol Version	Amendment 1
	Amendment 2
	Amendment 3
	Amendment 4
	Amendment 5
Was participant enrolled in the study?	Yes
	No
If No, indicate reason for screen fail	Withdrew Consent
	Inclusion/Exclusion
	Cohort Full
	Other
If reason for screen fail is Other, specify	
Was this participant screened previously?	Yes
	No
If Yes, previous participant number	
Enrollment Trigger	1

**Folder: Screening** 

Form: Inclusion/Exclusion Criteria Summary
Data signed: (b) (4) 19 Feb 2021 15:10:44

Generated On: 11 Aug 2021 22:01:53

Did the participant meet all eligibility criteria?

Yes No

**Folder: Screening** 

**Form: Medical History Summary** 

Data signed: (b) (4) 19 Feb 2021 15:10:44

Generated On: 11 Aug 2021 22:01:53

Were any significant conditions reported?

Yes [

No

**Folder: Screening** 

Form: Medical History (1)

Data signed: (b) (4) 19 Feb 2021 15:10:44

Condition	COPD- CHRONIC PLUMONARY
	DISEASE
Start date (dd MMM yyyy)	01 JAN 2006
Start date completely unknown	False
Condition ongoing at study entry	Yes
	No
If No, please specify the stop date (dd MMM yyyy)	
Stop date completely unknown	False
Start Month and Year (derived)	JAN 2006
Start Year (derived)	2006
Stop Month and Year (derived)	
Stop Year (derived)	

**Folder: Screening** 

Form: Medical History (2)

Data signed: (b) (4) 19 Feb 2021 15:10:44

Condition	EMPHYSEMA
Start date (dd MMM yyyy)	01 JAN 2006
Start date completely unknown	False
Condition ongoing at study entry	Yes No
If No, please specify the stop date (dd MMM yyyy)	
Stop date completely unknown	False
Start Month and Year (derived)	JAN 2006
Start Year (derived)	2006
Stop Month and Year (derived)	
Stop Year (derived)	

**Folder: Screening** 

Form: Medical History (3)

Data signed: (b) (4) 19 Feb 2021 15:10:44

Condition	HYPERLIPIDEMIA
Start date (dd MMM yyyy)	01 JAN 2000
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)	JAN 2000
Start Year (derived)	2000
Stop Month and Year (derived)	
Stop Year (derived)	

**Folder: Screening** 

Form: Medical History (4)

Data signed: (b) (4) 19 Feb 2021 15:10:44

Condition	LUNG CANCER
Start date (dd MMM yyyy)	01 JAN 2015
Start date completely unknown	False
Condition ongoing at study entry	Yes No
If No, please specify the stop date (dd MMM yyyy)	
Stop date completely unknown	True
Start Month and Year (derived)	JAN 2015
Start Year (derived)	2015
Stop Month and Year (derived)	
Stop Year (derived)	

**Folder: Screening** 

Form: Medical History (5)

Data signed: (b) (4) 19 Feb 2021 15:10:44

Condition	POSTMENOPAUSAL
Start date (dd MMM yyyy)	
Start date completely unknown	True
Condition ongoing at study entry	Yes
	No
If No, please specify the stop date (dd MMM yyyy)	
Stop date completely unknown	False
Start Month and Year (derived)	
Start Year (derived)	
Stop Month and Year (derived)	
Stop Year (derived)	

**Folder: Screening** 

Form: Medical History (6)

Data signed: (b) (4) 19 Feb 2021 15:10:44

Condition	HYPERTENSION
Start date (dd MMM yyyy)	01 JAN 2010
Start date completely unknown	False
Condition ongoing at study entry	Yes No
If No, please specify the stop date (dd MMM yyyy)	
Stop date completely unknown	False
Start Month and Year (derived)	JAN 2010
Start Year (derived)	2010
Stop Month and Year (derived)	
Stop Year (derived)	

**Folder: Screening** 

Form: Medical History (7)

Data signed: (b) (4) 19 Feb 2021 15:10:44

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

Folder: Screening Form: Vital Signs

Data signed: (b) (4) 19 Feb 2021 15:10:44

Were vital signs assessed?	Yes
	No
Date of assessment (dd MMM yyyy)	10 AUG 2020
Time of assessment (00:00-23:59)	10:25 (24 HR)
Vital Signs Date and Time (derived)	10 AUG 2020 10:25
Height (xxx.x)	147.3 cm
Weight (xxx.x)	58.9 kg
BMI (xxx.x)	27.14625 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) 19 Feb 2021 15:10:44

Generated On: 11 Aug 2021 22:01:53

Was the physical examination performed?

Yes No

Date of examination (dd MMM yyyy)

10 AUG 2020

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

**Folder: Screening** 

Form: Childbearing Potential

Data signed: (b) (4) 19 Feb 2021 15:10:44

Date of assessment (dd MMM yyyy)	10 AUG 2020
Is the participant of childbearing potential?	Yes
	No
If No, what is the reason?	Surgically sterile
	Post-menopausal
	Partner medically sterile
	Not reached age of Menarche
	Other
If Partner medically sterile or Other, specify	
If Surgically sterile, date of surgery (dd MMM yyyy)	
Date of surgery unknown	False
If Post-menopausal, date of last menstruation (dd MMM yyyy)	
Date of last menstruation unknown	True

Folder: Screening
Form: Risk of Exposure

Data signed: (b) (4) 19 Feb 2021 15:10:44

Occupational Risk	
Healthcare workers (e.g., doctors, nurses, dentists, hospital support	Yes
staff, morgue/mortuary workers)	No
Emergency Response (e.g., Law enforcement officers, Firefighters,	Yes
emergency medical service workers)	No
Retail or Restaurant Operations, particularly those in critical	Yes
and/high-customer volume (e.g., grocery, convenience, hardware, big-box stores)	No
Manufacturing & Production Operations with inherent	Yes
overcrowding (e.g., factory workers, meat/food processing plants)	No
Warehouse shipping and fulfillment centers and jobs (e.g.,	Yes
Amazon facilities)	No
Transportation and delivery services (e.g., airlines, public transit,	Yes
taxi/UBER, fed ex/UPS, postal workers)	No
Border Protection and Military Personnel (e.g., TSA, custom and	Yes
border protection agents, military personnel not social distancing)	No
Personal Care and in-home services (e.g., barber/salon/spa,	Yes
in-home repair services, electricians, plumbers, janitorial services)	No
Hospitality and Tourism Workers (e.g., hotel, casino,	Yes
amusement/theme park, entertainment, ski resorts)	No
Pastoral, Social or Public Health Workers requiring frequent	Yes
contact with community members (e.g., social workers, volunteers, religious clergy)	No
Educators and Students (e.g., teachers, administrators, support staff,	Yes
and students interacting in face-to-face school setting)	No
Other	Yes
	No
Specify	RETIREL
Location and Living Circumstances Risk (check all that apply)	
No Risk Identified	False
Resides in Nursing Home or Assisted Living Facility	False
DRODUCTION DELFACE / 12 002	
PRODUCTION RELEASE (v12.003 EAB) (1725)	17 of 1645

Folder: Screening Form: Risk of Exposure

Data signed: (b) (4) 19 Feb 2021 15:10:44

<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)	False
Resides in a single family home (i.e., detached housing)	True
Other	False
Specify	

Folder: Visit 1 Day 1 Form: Visit Date

Data signed: (b) (4) 19 Feb 2021 15:10:45

Was this visit performed?	Yes
	No
Visit date (dd MMM yyyy)	10 AUG 2020
Was visit performed at the participant's home or at the clinic?	Home
	Clinic
Folder OID	VISIT1

Folder: Visit 1 Day 1 Form: Randomization

Data signed: (b) (4) 19 Feb 2021 15:10:44

What was the date of randomization? (dd MMM yyyy)	10 AUG 2020
What was the participant's randomization number?	185405
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

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Data signed: (b) (4) 19 Feb 2021 15:10:45

Height	ND - Not Done
Weight	ND - Not Done

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Data signed: (b) (4) 19 Feb 2021 15:10:45

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)	10 AUG 2020
Time of assessment (00:00-23:59)	10:25 (24 HR)
Vital Signs Date and Time (derived)	10 AUG 2020 10:25
Temperature (xxx.x)	37.1 C
Route of measurement	Oral
	Axillary
	Other
If Other, specify	
Pulse (xxx)	64 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	150 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	96 mmHg
Diastolic Blood Pressure units	MMHG

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Data signed: (b) (4) 19 Feb 2021 15:10:45

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)	10 AUG 2020
Time of assessment (00:00-23:59)	11:55 (24 HR)
Vital Signs Date and Time (derived)	10 AUG 2020 11:55
Temperature (xxx.x)	36.0 C
Route of measurement	Oral
	Axillary
	Other
If Other, specify	
Pulse (xxx)	54 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	144 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	93 mmHg
Diastolic Blood Pressure units	MMHG

Folder: Visit 1 Day 1

Form: Physical Examination

Data signed: (b) (4) 19 Feb 2021 15:10:44

Generated On: 11 Aug 2021 22:01:53

Was the physical examination performed?

Yes No

Date of examination (dd MMM yyyy)

10 AUG 2020

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

Folder: Visit 1 Day 1 Form: Exposure

Data signed: (b) (4) 19 Feb 2021 15:10:44

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 COVID 10
	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)	10 AUG 2020
What was the treatment time? (00:00-23:59)	11:18 (24 HR)
Treatment Date and Time (derived)	10 AUG 2020 11:18
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) 19 Feb 2021 15:10:44

Was the sample collected?	Yes
	No
Collection date (dd MMM yyyy)	10 AUG 2020
Collection time (00:00-23:59)	10:53 (24 HR)
Collection date and time (derived)	10 AUG 2020 10:53

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab Data signed: (b) (4) 19 Feb 2021 15:10:44

Collection date (dd MMM yyyy)			10 AUG 2020
Lab Test	Was the sample collected?	Collection time (00:00 - 23:59)	Collection date and time (derived)
Nasopharyngeal Swab 1	Yes	10:54	10 AUG 2020 10:54
Nasopharyngeal Swab 2	No		

Folder: Visit 1 Day 1
Form: Continuing

Data signed: (b) (4) 19 Feb 2021 15:10:44

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 22:01:53

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	98.4 °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	10 AUG 2020 11:47
PC Open Date & Time	10 AUG 2020 11:38
PC Close Date & Time	10 AUG 2020 14:08

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

Generated On: 11 Aug 2021 22:01:53

#### **TIMEPOINT**

DAY 1, AFTER VACCINATION (AT HOME)

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

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

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

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

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

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

Was TEMPERATURE taken?	Yes
	No
Please record your TEMPERATURE in °F	96.0 °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	10 AUG 2020 15:45
PC Open Date & Time	10 AUG 2020 15:03
PC Close Date & Time	11 AUG 2020 11:59

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

Generated On: 11 Aug 2021 22:01:53

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	97.0 °F
Was any MEDICATION TAKEN today for pain or fever?	Yes
	No
Please confirm reason for pain or fever medication (may select more than one):	
To <b>TREAT</b> pain or fever that has already occurred	True
To PREVENT pain or fever from occurring	False
PC Time Stamp	11 AUG 2020 14:20
PC Open Date & Time	11 AUG 2020 12:00
PC Close Date & Time	12 AUG 2020 11:59

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

Generated On: 11 Aug 2021 22:01:53

TIMEPOINT DAY 3

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

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

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

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

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

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

Was TEMPERATURE taken?	Yes
	No
Please record your TEMPERATURE in °F	97.4 °F
Was any MEDICATION TAKEN today for pain or fever?	Yes
	No
Please confirm reason for pain or fever medication (may select more than one):	
PC Time Stamp	12 AUG 2020 12:04
PC Open Date & Time	12 AUG 2020 12:00
PC Close Date & Time	13 AUG 2020 11:59

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

Generated On: 11 Aug 2021 22:01:53

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	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	13 AUG 2020 13:14
PC Open Date & Time	13 AUG 2020 12:00
PC Close Date & Time	14 AUG 2020 11:59

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

Generated On: 11 Aug 2021 22:01:53

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	97.8 °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 AUG 2020 16:42	
PC Open Date & Time	14 AUG 2020 12:00	
PC Close Date & Time	15 AUG 2020 11:59	

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

Generated On: 11 Aug 2021 22:01:53

TIMEPOINT DAY 6

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

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

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

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

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

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

Was TEMPERATURE taken?	Yes
	No
Please record your TEMPERATURE in °F	96.2 °F
Was any MEDICATION TAKEN today for pain or fever?	Yes
	No
Please confirm reason for pain or fever medication (may select more than one):	
PC Time Stamp	16 AUG 2020 08:31
PC Open Date & Time	15 AUG 2020 12:00
PC Close Date & Time	16 AUG 2020 11:59

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

Generated On: 11 Aug 2021 22:01:53

TIMEPOINT DAY 7

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

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

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

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

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

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

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

Was TEMPERATURE taken?	Yes
	No
Please record your TEMPERATURE in °F	97.5 °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	16 AUG 2020 12:26
PC Open Date & Time	16 AUG 2020 12:00
PC Close Date & Time	17 AUG 2020 11:59

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

TIMEPOINT	DAY 1, 30 MINUTES AFTER
	VACCINATION (AT STUDY
	CLINIC)
Please record - PAIN AT INJECTION SITE.	None
Please select one response below	Does not interfere with activity
	Repeated use of over-the-counter
	pain reliever > 24 hours or
	interferes with activity
	Any use of prescription pain reliever or prevents daily activity
DEDVICE A PART OF AN AVERAGE	• • •
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	10 AUG 2020 11:47
PC Open Date & Time	10 AUG 2020 11:38
PC Close Date & Time	10 AUG 2020 14:08

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

TIMEPOINT	DAY 1, AFTER VACCINATION
	(AT HOME)
Please record - PAIN AT INJECTION SITE.	None
Please select one response below	Does not interfere with activity
	Repeated use of over-the-counter pain reliever > 24 hours or interferes with activity
	Any use of prescription pain reliever or prevents daily activity
Is there any REDNESS AT INJECTION SITE?	Yes No
Is there any SWELLING/HARDNESS AT INJECTION SITE?	Yes
	No
Please record - UNDERARM GLAND SWELLING OR	None 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	10 AUG 2020 15:45
PC Open Date & Time	10 AUG 2020 15:03
PC Close Date & Time	11 AUG 2020 11:59

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

TIMEPOINT	DAY 2
Please record - PAIN AT INJECTION SITE.	None
Please select one response below	Does not interfere with activity
	Repeated use of over-the-counter pain reliever > 24 hours or
	interferes with activity
	Any use of prescription pain reliever or prevents daily activity
Is there any REDNESS AT INJECTION SITE?	Yes
	No
Is there any SWELLING/HARDNESS AT INJECTION SITE?	Yes
	No
Please record - UNDERARM GLAND SWELLING OR	None None
TENDERNESS.	Does not interfere with activity
Please select one response below	Repeated use of over-the-counter pain reliever > 24 hours or
	interferes with some activity
	Any use of prescription pain
	reliever or prevents daily activity
PC Time Stamp	11 AUG 2020 14:20
PC Open Date & Time	11 AUG 2020 12:00
PC Close Date & Time	12 AUG 2020 11:59

Folder: Diary Dose 1 (1)
Form: Injection Site\_Day(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	12 AUG 2020 12:05
PC Open Date & Time	12 AUG 2020 12:00
PC Close Date & Time	13 AUG 2020 11:59

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

TIMEPOINT	DAY 4
Please record - PAIN AT INJECTION SITE.	None
Please select one response below	Does not interfere with activity
	Repeated use of over-the-counter pain reliever > 24 hours or
	interferes with activity
	Any use of prescription pain reliever or prevents daily activity
Is there any REDNESS AT INJECTION SITE?	Yes
	No
Is there any SWELLING/HARDNESS AT INJECTION SITE?	Yes
	No
Please record - UNDERARM GLAND SWELLING OR	None
TENDERNESS.	Does not interfere with activity
Please select one response below	Repeated use of over-the-counter pain reliever > 24 hours or
	interferes with some activity
	Any use of prescription pain
	reliever or prevents daily activity
PC Time Stamp	13 AUG 2020 13:15
PC Open Date & Time	13 AUG 2020 12:00
PC Close Date & Time	14 AUG 2020 11:59

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

TIMEPOINT	DAY 5
Please record - PAIN AT INJECTION SITE.	None
Please select one response below	Does not interfere with activity
	Repeated use of over-the-counter pain reliever > 24 hours or interferes with activity
	Any use of prescription pain
	reliever or prevents daily activity
Is there any REDNESS AT INJECTION SITE?	Yes
	No
Is there any SWELLING/HARDNESS AT INJECTION SITE?	Yes
	No
Please record - UNDERARM GLAND SWELLING OR	None None
TENDERNESS.	Does not interfere with activity
Please select one response below	Repeated use of over-the-counter pain reliever > 24 hours or
	interferes with some activity
	Any use of prescription pain
	reliever or prevents daily activity
PC Time Stamp	14 AUG 2020 16:42
PC Open Date & Time	14 AUG 2020 12:00
PC Close Date & Time	15 AUG 2020 11:59

Folder: Diary Dose 1 (1) Form: Injection Site\_Day(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 <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	16 AUG 2020 08:31
PC Open Date & Time	15 AUG 2020 12:00
PC Close Date & Time	16 AUG 2020 11:59

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

TIMEPOINT	DAY 7
Please record - PAIN AT INJECTION SITE.	None
Please select one response below	Does not interfere with activity
	Repeated use of over-the-counter pain reliever > 24 hours or
	interferes with activity
	Any use of prescription pain reliever or prevents daily activity
Is there any REDNESS AT INJECTION SITE?	Yes
	No
Is there any SWELLING/HARDNESS AT INJECTION SITE?	Yes
	No
Please record - UNDERARM GLAND SWELLING OR	None
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
DOTT: 0	reliever or prevents daily activity
PC Time Stamp	16 AUG 2020 12:26
PC Open Date & Time	16 AUG 2020 12:00
PC Close Date & Time	17 AUG 2020 11:59

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

TIMEPOINT	DAY 1, 30 MINUTES AFTER
	VACCINATION (AT STUDY
	CLINIC)
HEADACHE	None None
	No interference with activity
	Repeated use of over-the-counter
	pain reliever > 24 hours or some
	interference with activity
	Any use of prescription pain
EARWOLF	reliever or prevents daily activity
FATIGUE	None
	No interference with activity
	Some interference with activity
	Significant; prevents daily
	activity
MUSCLE ACHES ALL OVER BODY	None
	No interference with activity
	Some interference with activity
	Significant; prevents daily
	activity
JOINT ACHES IN SEVERAL JOINTS	None
	No interference with activity
	Some interference with activity
	Significant; prevents daily
	activity
NAUSEA/VOMITING	None None
	No interference with activity or
	1-2 episodes/24 hours
	Some interference with activity
	or >2 episodes/24 hours  Prevents daily activity, requires
	outpatient IV hydration
CHILLS	None None
	No interference with activity
	Some interference with activity
	not requiring medical attention
	Prevents daily activity and
	requires medical attention
PRODUCTION RELEASE (v12.003	
EAB) (1725)	45 of 1645

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	10 AUG 2020 11:48
PC Open Date & Time	10 AUG 2020 11:38
PC Close Date & Time	10 AUG 2020 14:08

EAB) (1725)

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

TIMEPOINT	DAY 1, AFTER VACCINATION
	(AT HOME)
HEADACHE	None
	No interference with activity
	Repeated use of over-the-counter
	pain reliever > 24 hours or some interference with activity
	Any use of prescription pain
	reliever or prevents daily activity
FATIGUE	None
	No interference with activity
	Some interference with activity
	Significant; prevents daily activity
MUSCLE ACHES ALL OVER BODY	None
	No interference with activity
	Some interference with activity
	Significant; prevents daily
	activity
JOINT ACHES IN SEVERAL JOINTS	None None
	No interference with activity
	Some interference with activity
	Significant; prevents daily activity
NAUSEA/VOMITING	None None
	No interference with activity or 1-2 episodes/24 hours
	Some interference with activity
	or >2 episodes/24 hours
	Prevents daily activity, requires outpatient IV hydration
CHILLS	None None
	No interference with activity
	Some interference with activity
	not requiring medical attention
	Prevents daily activity and requires medical attention
PRODUCTION RELEASE (v12.003	47 of 1645

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

Did you receive any <b>MEDICAL ATTENTION</b> (doctor visit, other) for any illness or symptoms?	No No Yes
PC Time stamp	10 AUG 2020 15:46
PC Open Date & Time	10 AUG 2020 15:03
PC Close Date & Time	11 AUG 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?	
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Folder: Diary Dose 1 (1)
Form: General\_Day(2)

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

Folder: Diary Dose 1 (1)
Form: General\_Day(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
TODAY A CAME OF CENTER AT TODAY	activity
JOINT ACHES IN SEVERAL JOINTS	None
	No interference with activity
	Some interference with activity
	Significant; prevents daily activity
NAUSEA/VOMITING	None None
	No interference with activity or 1-2 episodes/24 hours
	Some interference with activity
	or >2 episodes/24 hours  Prevents daily activity, requires
	outpatient IV hydration
CHILLS	None None
	No interference with activity
	Some interference with activity
	not requiring medical attention
	Prevents daily activity and requires medical attention
Did you receive any MEDICAL ATTENTION (doctor visit,	No No
other) for any illness or symptoms?	110
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EAB) (1725)	31 01 10-13

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

	Yes
PC Time stamp	12 AUG 2020 12:06
PC Open Date & Time	12 AUG 2020 12:00
PC Close Date & Time	13 AUG 2020 11:59

Folder: Diary Dose 1 (1)
Form: General\_Day(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
Did you receive ony MEDICAL ATTENTION (Jester 124	requires medical attention
Did you receive any <b>MEDICAL ATTENTION</b> (doctor visit, other) for any illness or symptoms?	No
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EAB) (1725)	55 01 10 <del>4</del> 5

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

	Yes
PC Time stamp	13 AUG 2020 13:15
PC Open Date & Time	13 AUG 2020 12:00
PC Close Date & Time	14 AUG 2020 11:59

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

TIMEPOINT	DAY 5
HEADACHE	None
	No interference with activity
	Repeated use of over-the-counter
	pain reliever > 24 hours or some
	interference with activity Any use of prescription pain
	reliever or prevents daily activity
FATIGUE	None
	No interference with activity
	Some interference with activity
	Significant; prevents daily activity
MUSCLE ACHES ALL OVER BODY	None
	No interference with activity
	Some interference with activity
	Significant; prevents daily activity
JOINT ACHES IN SEVERAL JOINTS	None
	No interference with activity
	Some interference with activity
	Significant; prevents daily activity
NAUSEA/VOMITING	None
	No interference with activity or 1-2 episodes/24 hours
	Some interference with activity
	or >2 episodes/24 hours  Prevents daily activity, requires
	outpatient IV hydration
CHILLS	None
	No interference with activity
	Some interference with activity
	not requiring medical attention
	Prevents daily activity and requires medical attention
Did you receive any MEDICAL ATTENTION (doctor visit,	No No
other) for any illness or symptoms?	
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EAB) (1725)	

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

	Yes
PC Time stamp	14 AUG 2020 16:43
PC Open Date & Time	14 AUG 2020 12:00
PC Close Date & Time	15 AUG 2020 11:59

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

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

	Yes
PC Time stamp	16 AUG 2020 08:32
PC Open Date & Time	15 AUG 2020 12:00
PC Close Date & Time	16 AUG 2020 11:59

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

TIMEPOINT	DAY 7
HEADACHE	None
	No interference with activity
	Repeated use of over-the-counter
	pain reliever > 24 hours or some
	interference with activity
	Any use of prescription pain reliever or prevents daily activity
FATIGUE	None
	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
Dill and the second of the sec	requires medical attention
Did you receive any <b>MEDICAL ATTENTION</b> (doctor visit, other) for any illness or symptoms?	No
other) for any filless of symptoms?	
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Folder: Diary Dose 1 (1)
Form: General\_Day(7)

	Yes
PC Time stamp	16 AUG 2020 12:27
PC Open Date & Time	16 AUG 2020 12:00
PC Close Date & Time	17 AUG 2020 11:59

Folder: Safety Call Day 8 (1)

Form: Safety Call

Data signed: (b) (4) 19 Feb 2021 15:10:43

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	18 AUG 2020
Please select one status for the follow-up contact	Contact Made
	Contact Not Made
Comments	
If Contact Not Made, please provide Comments	

Folder: Safety Call Day 8 (1)

**Form: Continuing** 

Data signed: (b) (4) 19 Feb 2021 15:09:12

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) 19 Feb 2021 15:09:12

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	25 AUG 2020
Please select one status for the follow-up contact	Contact Made
	Contact Not Made
Comments	
If Contact Not Made, please provide Comments	

Folder: Safety Call Day 15 (1)

**Form: Continuing** 

Data signed: (b) (4) 19 Feb 2021 15:09:12

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) 19 Feb 2021 15:09:12

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

**Form: Continuing** 

Data signed: (b) (4) 19 Feb 2021 15:09:12

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) 19 Feb 2021 15:10:45

Was this visit performed?	Yes
	No
Visit date (dd MMM yyyy)	14 SEP 2020
Was visit performed at the participant's home or at the clinic?	Home
	Clinic
Folder OID	VISIT2

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

Data signed: (b) (4) 19 Feb 2021 15:10:45

Timepoint	Pre-Dose
	Post-Dose
Were vital signs assessed?	Yes
	No
Date of assessment (dd MMM yyyy)	14 SEP 2020
Time of assessment (00:00-23:59)	13:35 (24 HR)
Vital Signs Date and Time (derived)	14 SEP 2020 13:35
Temperature (xxx.x)	36.8 C
Route of measurement	Oral
	Axillary
	Other
If Other, specify	
Pulse (xxx)	70 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	126 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	78 mmHg
Diastolic Blood Pressure units	MMHG

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

Data signed: (b) (4) 19 Feb 2021 15:10:45

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) 19 Feb 2021 15:10:45

Generated On: 11 Aug 2021 22:01:53

Was the physical examination performed?

Yes No

Date of examination (dd MMM yyyy)

14 SEP 2020

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

Folder: Visit 2 Day 29 (1)

Form: Exposure

Data signed: (b) (4) 19 Feb 2021 15:10:45

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	PATIENT HAS BEEN
Participant, Protocol Deviation, or Other, specify	DIAGNOSED WITH BREST
	CANCER AND HAS UPCOMING
	TREATMENT. DOSING
	WITHHELD, BUT PATIENT WILL
	CONTINUE WITH FOLLOW-UPS.
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?	<u></u>
What was the route of administration for the study treatment?	

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Data signed: (b) (4) 19 Feb 2021 15:10:45

Was the sample collected?	Yes
	No
Collection date (dd MMM yyyy)	14 SEP 2020
Collection time (00:00-23:59)	14:38 (24 HR)
Collection date and time (derived)	14 SEP 2020 14:38

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab Data signed: (b) (4) 19 Feb 2021 15:10:45

Collection date (dd MMM yyyy)			14 SEP 2020
Lab Test	Was the sample collected?	Collection time (00:00 - 23:59)	Collection date and time (derived)
Nasopharyngeal Swab 1	Yes	14:42	14 SEP 2020 14:42
Nasopharyngeal Swab 2	No		

Folder: Visit 2 Day 29 (1)

**Form: Continuing** 

Data signed: (b) (4) 19 Feb 2021 15:10:45

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) 19 Feb 2021 15:09:12

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	21 SEP 2020
Please select one status for the follow-up contact	Contact Made
	Contact Not Made
Comments	
If Contact Not Made, please provide Comments	

Folder: Safety Call Day 36 (1)

**Form: Continuing** 

Data signed: (b) (4) 19 Feb 2021 15:09:12

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) 19 Feb 2021 15:09:12

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	28 SEP 2020
Please select one status for the follow-up contact	Contact Made
	Contact Not Made
Comments	
If Contact Not Made, please provide Comments	

Folder: Safety Call Day 43 (1)

Form: Continuing

Data signed: (b) (4) 19 Feb 2021 15:09:12

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) 19 Feb 2021 15:09:12

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	5 OCT 2020
Please select one status for the follow-up contact	Contact Made
	Contact Not Made
Comments	
If Contact Not Made, please provide Comments	

Folder: Safety Call Day 50 (1)

Form: Continuing

Data signed: (b) (4) 19 Feb 2021 15:09:12

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) 19 Feb 2021 15:10:45

Was this visit performed?	Yes
	No
Visit date (dd MMM yyyy)	12 OCT 2020
Was visit performed at the participant's home or at the clinic?	Home
	Clinic
Folder OID	VISIT3

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Data signed: (b) (4) 19 Feb 2021 15:10:45

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

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

Data signed: (b) (4) 19 Feb 2021 15:10:45

Generated On: 11 Aug 2021 22:01:53

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) 19 Feb 2021 15:10:45

Was the sample collected?	Yes
	No
Collection date (dd MMM yyyy)	12 OCT 2020
Collection time (00:00-23:59)	12:30 (24 HR)
Collection date and time (derived)	12 OCT 2020 12:30

Folder: Visit 3 Day 57 (1)

**Form: Continuing** 

Data signed: (b) (4) 19 Feb 2021 15:10:45

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 22:01:53

TIMEPOINT	DAY 64
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$ )	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No Yes

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Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	10 OCT 2020 00:01
Patient Cloud Close Date & Time	14 OCT 2020 23:59

TIMEPOINT	DAY 71
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are experiencing	g (Check all that apply):
Date and time of submission	17 OCT 2020 04:45:21
Patient Cloud Open Date & Time	17 OCT 2020 00:01
Patient Cloud Close Date & Time	21 OCT 2020 23:59

TIMEPOINT	DAY 78
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please identify below which symptoms you have experienced or are experien	cing (Check all that apply):
Date and time of submission	24 OCT 2020 08:52:42
Patient Cloud Open Date & Time	24 OCT 2020 00:01
Patient Cloud Close Date & Time	28 OCT 2020 23:59

TIMEPOINT	DAY 92
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No 📉
infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please identify below which symptoms you have experienced or are experien	ncing (Check all that apply):
Date and time of submission	07 NOV 2020 08:19:38
Patient Cloud Open Date & Time	07 NOV 2020 00:01
Patient Cloud Close Date & Time	11 NOV 2020 23:59

TIMEPOINT	DAY 99
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please identify below which symptoms you have experienced or are experience	ring (Check all that apply):
Date and time of submission	14 NOV 2020 08:12:17
Patient Cloud Open Date & Time	14 NOV 2020 00:01
Patient Cloud Close Date & Time	18 NOV 2020 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 103
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-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 NOV 2020 09:11:58
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 110
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are experience	ring (Check all that apply):
Date and time of submission	25 NOV 2020 09:07:19
Patient Cloud Open Date & Time	25 NOV 2020 00:01
Patient Cloud Close Date & Time	29 NOV 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	02 DEC 2020 08:29:34
Patient Cloud Open Date & Time	02 DEC 2020 00:01
Patient Cloud Close Date & Time	06 DEC 2020 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 124
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are experience	cing (Check all that apply):
Date and time of submission	09 DEC 2020 08:10:51
Patient Cloud Open Date & Time	09 DEC 2020 00:01
Patient Cloud Close Date & Time	13 DEC 2020 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 131
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are experienced	ing (Check all that apply):
Date and time of submission	18 DEC 2020 13:02:18
Patient Cloud Open Date & Time	16 DEC 2020 00:01
Patient Cloud Close Date & Time	20 DEC 2020 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 138
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are experiencing	g (Check all that apply):
Date and time of submission	23 DEC 2020 09:10:14
Patient Cloud Open Date & Time	23 DEC 2020 00:01
Patient Cloud Close Date & Time	27 DEC 2020 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 145
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are experience	cing (Check all that apply):
Date and time of submission	30 DEC 2020 09:46:48
Patient Cloud Open Date & Time	30 DEC 2020 00:01
Patient Cloud Close Date & Time	03 JAN 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	cing (Check all that apply):
Date and time of submission	08 JAN 2021 22:14:03
Patient Cloud Open Date & Time	06 JAN 2021 00:01
Patient Cloud Close Date & Time	10 JAN 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 159
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are experienced	ing (Check all that apply):
Date and time of submission	13 JAN 2021 09:51:33
Patient Cloud Open Date & Time	13 JAN 2021 00:01
Patient Cloud Close Date & Time	17 JAN 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 166
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are experience	ing (Check all that apply):
Date and time of submission	20 JAN 2021 19:06:54
Patient Cloud Open Date & Time	20 JAN 2021 00:01
Patient Cloud Close Date & Time	24 JAN 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 173
Have you had any changes in your health since the last time you	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	27 JAN 2021 10:07:27
Patient Cloud Open Date & Time	27 JAN 2021 00:01
Patient Cloud Close Date & Time	31 JAN 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 180
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-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	03 FEB 2021 08:41:41
Patient Cloud Open Date & Time	03 FEB 2021 00:01
Patient Cloud Close Date & Time	07 FEB 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 Yes
Have you been exposed to someone with known SARS-CoV-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	10 FEB 2021 08:12:02
Patient Cloud Open Date & Time	10 FEB 2021 00:01
Patient Cloud Close Date & Time	14 FEB 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 194
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-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	17 FEB 2021 07:50:26
Patient Cloud Open Date & Time	17 FEB 2021 00:01
Patient Cloud Close Date & Time	21 FEB 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 201
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are experience	ing (Check all that apply):
Date and time of submission	25 FEB 2021 01:16:23
Patient Cloud Open Date & Time	24 FEB 2021 00:01
Patient Cloud Close Date & Time	28 FEB 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 208
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are experience	ing (Check all that apply):
Date and time of submission	05 MAR 2021 14:19:20
Patient Cloud Open Date & Time	03 MAR 2021 00:01
Patient Cloud Close Date & Time	07 MAR 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 215
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are experience	ing (Check all that apply):
Date and time of submission	10 MAR 2021 08:29:55
Patient Cloud Open Date & Time	10 MAR 2021 00:01
Patient Cloud Close Date & Time	14 MAR 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 222
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are experience	ing (Check all that apply):
Date and time of submission	17 MAR 2021 07:29:11
Patient Cloud Open Date & Time	17 MAR 2021 00:01
Patient Cloud Close Date & Time	21 MAR 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 229
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are experiencing	ng (Check all that apply):
Date and time of submission	24 MAR 2021 07:25:55
Patient Cloud Open Date & Time	24 MAR 2021 00:01
Patient Cloud Close Date & Time	28 MAR 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 236
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2	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 APR 2021 09:34:47
Patient Cloud Open Date & Time	31 MAR 2021 00:01
Patient Cloud Close Date & Time	04 APR 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 243
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are experience	ing (Check all that apply):
Date and time of submission	09 APR 2021 12:42:40
Patient Cloud Open Date & Time	07 APR 2021 00:01
Patient Cloud Close Date & Time	11 APR 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 250
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are experiencing	g (Check all that apply):
Date and time of submission	16 APR 2021 14:17:13
Patient Cloud Open Date & Time	14 APR 2021 00:01
Patient Cloud Close Date & Time	18 APR 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 257
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are experiencing	g (Check all that apply):
Date and time of submission	23 APR 2021 12:00:32
Patient Cloud Open Date & Time	21 APR 2021 00:01
Patient Cloud Close Date & Time	25 APR 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

TIMEPOINT	DAY 264
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?	No Yes
Please identify below which symptoms you have experienced or are experience	ing (Check all that apply):
Date and time of submission	28 APR 2021 07:23:03
Patient Cloud Open Date & Time	28 APR 2021 00:01
Patient Cloud Close Date & Time	02 MAY 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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 that you have read this message and understood that you must call your study clinic.  T confirm I have read this message and will call the study clinic immediately. 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 ompleted this questionnaire or had contact with the study clinic?  No ompleted 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 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.  I confirm I have read this message and understood that you must call where 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.	TIMEPOINT	DAY 271
Have you been exposed to someone with 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 understood that you must call message and will call the study clinic immediately.  No  Order of the provider since 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 immediately  No  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 who 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.	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 immediately  No  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 who 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	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. Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately. Please contact your 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.		
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 questionnaire or had contact with the study clinic?	•	ies
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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 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?  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.  Please contact your study clinic immediately.  No  Operations  No  Operations	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  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 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.  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 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	05 MAY 2021 00:01
Patient Cloud Close Date & Time	09 MAY 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On. 11 Aug 2021 22.01.33	
TIMEPOINT	DAY 278
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$ )	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

TIMEPOINT	DAY 285
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 $\geq 100.4^{\circ}F/38^{\circ}C$ )	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	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	19 MAY 2021 00:01
Patient Cloud Close Date & Time	23 MAY 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On. 11 Mag 2021 22:01:00	
TIMEPOINT	DAY 292
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$ )	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On. 11 Mag 2021 22:01:00	
TIMEPOINT	DAY 299
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the	No
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$ )	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	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	02 JUN 2021 00:01
Patient Cloud Close Date & Time	06 JUN 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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 smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea		
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.  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.  Note 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	TIMEPOINT	DAY 306
Have you been exposed to someone with 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		No
infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinie?  Please contact your 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	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 state  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea	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	•	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	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		l l
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		
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	<u>-                                      </u>	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	• • •	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		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		
Chills Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea		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	Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$ )	
Shortness of breath  Difficulty breathing Fatigue  Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea	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	Cough	
Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea	Shortness of breath	
Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea	Difficulty breathing	
Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea	Fatigue	
Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea	Muscle aches	
New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea	Body aches	
New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea	Headache	
Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea	New loss of taste	
Congestion Runny nose Nausea Vomiting Diarrhea	New loss of smell	
Runny nose Nausea Vomiting Diarrhea	Sore throat	
Nausea Vomiting Diarrhea	Congestion	
Vomiting Diarrhea	Runny nose	
Diarrhea	Nausea	
	Vomiting	
Please contact your study clinic immediately. Click below to confirm I have read this	Diarrhea	
		I confirm I have read this
that you have read this message and understood that you must call message and will call the study		•
your study clinic. clinic immediately	<u> </u>	clinic immediately
Have you had to contact a healthcare provider since the last time you No		No
completed this questionnaire or had contact with the study clinic?	completed this questionnaire or had contact with the study clinic?	Yes
Yes	- mad 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 JUN 2021 00:01
Patient Cloud Close Date & Time	13 JUN 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

9	
TIMEPOINT	DAY 313
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	
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 JUN 2021 00:01
Patient Cloud Close Date & Time	20 JUN 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

5	
TIMEPOINT	DAY 320
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	
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	23 JUN 2021 00:01
Patient Cloud Close Date & Time	27 JUN 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

5	
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?	ies
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$ )	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

9	
TIMEPOINT	DAY 334
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	
questionnaire or had contact with the study clinic?	Yes
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$ )	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

TIMEPOINT	DAY 341
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	
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	14 JUL 2021 00:01
Patient Cloud Close Date & Time	18 JUL 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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 satel  New loss of satel  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  T confirm I have read this message and will call the study clinic immediately. 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?  Yes		
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 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.  I confirm I have read this message and understood that you must call where 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.	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 understood that you must call message and will call the study clinic immediately.  No  Order of the provider since the last time you completed this questionnaire or had contact with the study clinic?	Have you had any changes in your health since the last time you	No
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 immediately  No  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 who 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.	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 immediately  No  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 who 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	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. Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately. Please contact your 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.		
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 questionnaire 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.  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 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?	that you have read this message and understood that you must call	•
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.  Please contact your study clinic immediately.  No  Operations  No  Operations	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  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 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.  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 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	28 JUL 2021 00:01
Patient Cloud Close Date & Time	01 AUG 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

TIMEPOINT	DAY 362
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	163
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$ )	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

TIMEDOINT	DAY 260
TIMEPOINT	DAY 369
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No
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	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	perionging (Chack all that apply):
Fever (Temperature $\geq 100.4^{\circ}\text{F/38}^{\circ}\text{C}$ )	periencing (Check 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	11 AUG 2021 00:01
Patient Cloud Close Date & Time	15 AUG 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On. 11 Mag 2021 22:01:00	
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	18 AUG 2021 00:01
Patient Cloud Close Date & Time	22 AUG 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

9	
TIMEPOINT	DAY 383
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	163
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$ )	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?  Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough Shortness of breath Difficulty breathing Fatigue  Muscle aches Body aches Headache New loss of taste New loss of taste New loss of taste New loss of smell Sore throat Congestion Runny nose  Nausea Vomiting Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately. Click below to confirm that you have read this message and will call the study clinic 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 Occompleted this questionnaire or had contact with the study clinic?  No Occompleted this questionnaire or had contact with the study clinic?  No Occompleted this questionnaire or had contact with the study clinic?		
completed this questionnaire or had contact with the study clinic?  Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of state  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and will call the study clinic?  I confirm I have read this message and will call that apply):  For the confirm of the	TIMEPOINT	DAY 390
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call message and will call the study clinic?  No  I confirm I have read this message and understood that you must call message and will call the study clinic immediately.  No  Original late of 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 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 smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately  I confirm I have read this message and will call the study clinic immediately  No  I confirm I have read this message and will call the study clinic immediately  No  Composition  I confirm I have read this message and will call the study clinic immediately  No  Composition  I confirm I have read this message and will call the study clinic immediately  No  Composition  Composition  Confirm I have read this message and will call the study clinic immediately  No  Composition  Confirm I have read this message and will call the study clinic immediately  No  Composition  No  No  Composition  Confirm I have read this message and will call the study clinic immediately  No  Composition  No	completed this questionnaire or had contact with the study clinic?	Yes
infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately  I confirm I have read this message and will call the study clinic immediately  No  I confirm I have read this message and will call the study clinic immediately  No  Composition  I confirm I have read this message and will call the study clinic immediately  No  Composition  I confirm I have read this message and will call the study clinic immediately  No  Composition  Composition  Confirm I have read this message and will call the study clinic immediately  No  Composition  Confirm I have read this message and will call the study clinic immediately  No  Composition  No  No  Composition  Confirm I have read this message and will call the study clinic immediately  No  Composition  No	Have you been exposed to someone with known SARS-CoV-2	No
questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomitting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read this message and will call the study clinic immediately  No  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?		
that you have read this message and understood that you must call your study clinic.  Message and will call the study clinic immediately. Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  No Orthodox (Short Study Clinic immediately)	questionnaire or had contact with the study clinic?	163
your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  No  Please contact a healthcare provider since the last time you completed this questionnairs or had contact with the study clinic?	Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?  No  Or completed this questionnaire or had contact with the study clinic?	· · · · · · · · · · · · · · · · · · ·	•
the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	your study clinic.	clinic immediately
study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?  No	• • •	No
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?		Yes
Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?  No  No		
Chills Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic. Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?  No		periencing (Check all that apply):
Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?  No		
Shortness of breath  Difficulty breathing Fatigue  Muscle aches  Body aches Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read this message and will call the study clinic immediately  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Chills	
Difficulty breathing Fatigue  Muscle aches  Body aches Headache New loss of taste  New loss of smell Sore throat Congestion Runny nose Nausea  Vomiting Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and 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?	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	01 SEP 2021 00:01
Patient Cloud Close Date & Time	05 SEP 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On. 11 Aug 2021 22.01.33	
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	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	08 SEP 2021 00:01
Patient Cloud Close Date & Time	12 SEP 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On. 11 Aug 2021 22.01.33	
TIMEPOINT	DAY 404
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$ )	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On. 11 Aug 2021 22.01.55	
TIMEPOINT	DAY 411
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$ )	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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 that you have read this 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. 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 ompleted 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 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.  I confirm I have read this message and understood that you must call where 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.	TIMEPOINT	DAY 418
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call who have read this message and understood that you must call message and will call the study clinic immediately.  No  Order of the provider since 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 immediately  No  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 who 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.	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 immediately  No  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 who 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	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. Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately. Please contact your 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.		
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 questionnaire 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.  I confirm I have read this message and will call the study clinic immediately  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
Have you 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?  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.  Please contact your study clinic immediately.  No  Operations  No  Operations	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.  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 questionnairs or had contact with the study clinic?	Difficulty breathing	
Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Fatigue	
Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Muscle aches	
New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Body aches	
New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Headache	
Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	New loss of taste	
Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	New loss of smell	
Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Sore throat	
Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Congestion	
Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Runny nose	
Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Nausea	
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Vomiting	
that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Diarrhea	
that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
your study clinic.  Have you had to contact a healthcare provider since the last time you  completed this questionnaire or had contact with the study clinic?		
completed this questionnaire or had contact with the study clinic?		clinic immediately
completed this questionnaire or had contact with the study clinic?  Yes		No
	completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	29 SEP 2021 00:01
Patient Cloud Close Date & Time	03 OCT 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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	06 OCT 2021 00:01
Patient Cloud Close Date & Time	10 OCT 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?  Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache New loss of taste  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately. Please contact your 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. Please contact your study clinic immediately. Please contact your study clinic.		
completed this questionnaire or had contact with the study clinic?  Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic?  Please contact your study clinic immediately. Click below to confirm 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 whave read this message and will call the study clinic?  No  Confirm I have read this message and understood that you must call whave read this message and will call the study clinic immediately.  No  Composition  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call whave read 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?	TIMEPOINT	DAY 432
Have you been exposed to someone with 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. 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 wour study clinic.  I confirm I have read this message and will call the study clinic immediately  No completed this questionnaire or had contact with the study clinic?		No
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 wour study clinic immediately. Clinic immediately clinic immediately.  Roo Clinic immediately clinic immediately. Clinic immediately clinic immediately. Clinic immediately clinic immediately.  Roo Clinic immediately clinic immediately. Click below to confirm that 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 wour study clinic.  I confirm I have read this message and will call the study clinic immediately clinic immediately.  No completed this message and understood that you must call wour study clinic immediately.  No completed this suestionnaire or had contact with the study clinic?	completed this questionnaire or had contact with the study clinic?	Yes
infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read this message and will call the study clinic immediately. Clinic immediately wour study clinic immediately. Clinic immediately clinic immediately.  Roo Clinic immediately clinic immediately. Clinic immediately clinic immediately. Clinic immediately clinic immediately.  Roo Clinic immediately clinic immediately. Click below to confirm that 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 wour study clinic.  I confirm I have read this message and will call the study clinic immediately clinic immediately.  No completed this message and understood that you must call wour study clinic immediately.  No completed this suestionnaire or had contact with the study clinic?	Have you been exposed to someone with known SARS-CoV-2	No
questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  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?  No  Omposition  I confirm I have read this message and will call the study clinic immediately.  No  Omposition  I confirm I have read this message and will call the study clinic immediately.		$\cup$
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  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?	questionnaire or had contact with the study clinic?	ics
your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  No  Please contact with the study clinic?  No  Please contact disconnairs 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  Open 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	·
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  Open Shortness (Check all that apply):  Yes  Yes  I tonfirm I have read this message and will call the study clinic immediately.  No  Open Shortness (Check all that apply):  Please identify below that apply in the study clinic?	your study clinic.	clinic immediately
study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnairs or had contact with the study clinic?	• • •	No
study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this 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.  I confirm I have read this message and will call the study clinic 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 Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and 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 ex	periencing (Check all that apply):
Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?  No		
Shortness of breath  Difficulty breathing Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read this message and will call the study clinic immediately  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Chills	
Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read this message and will call the study clinic immediately wour study clinic.  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?	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.  I confirm I have read this message and will call the study clinic immediately.  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	13 OCT 2021 00:01
Patient Cloud Close Date & Time	17 OCT 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On. 11 Mag 2021 22:01:00	
TIMEPOINT	DAY 439
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$ )	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On. 11 Mag 2021 22:01:00	
TIMEPOINT	DAY 446
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since 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	27 OCT 2021 00:01
Patient Cloud Close Date & Time	31 OCT 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On. 11 Aug 2021 22.01.33	
TIMEPOINT	DAY 453
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$ )	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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?	163
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that 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 NOV 2021 00:01
Patient Cloud Close Date & Time	14 NOV 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

TIMEPOINT	DAY 467
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	163
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$ )	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?  Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache New loss of taste  New loss of taste  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read this message and will call the study clinic immediately.  No Occupance of the study clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?  No Occupance of the study clinic?  No Occupance of the study clinic?		
completed this questionnaire or had contact with the study clinic?  Have you been exposed to someone with known SARS-COV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic?  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 whave read this message and will call the study clinic?  No  Completed this questionnaire or had contact with the study clinic?	TIMEPOINT	DAY 474
Have you been exposed to someone with 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. 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  Tenfirm 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 smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately  I confirm I have read this message and will call the study clinic immediately  No  I confirm I have read this message and will call the study clinic immediately  No  Composition  I confirm I have read this message and will call the study clinic immediately  No  Composition  I confirm I have read this message and will call the study clinic immediately  No  Composition  Composition  A confirm I have read this message and will call the study clinic immediately  No  Composition  Composition  Confirm I have read this message and will call the study clinic immediately  No  Composition  No	completed this questionnaire or had contact with the study clinic?	Yes
infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately  I confirm I have read this message and will call the study clinic immediately  No  I confirm I have read this message and will call the study clinic immediately  No  Composition  I confirm I have read this message and will call the study clinic immediately  No  Composition  I confirm I have read this message and will call the study clinic immediately  No  Composition  Composition  A confirm I have read this message and will call the study clinic immediately  No  Composition  Composition  Confirm I have read this message and will call the study clinic immediately  No  Composition  No	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?  No  I confirm I have read this message and will call the study clinic immediately. No  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately.		
that you have read this message and understood that you must call your study clinic.  Message and will call the study clinic immediately. Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  No Operation immediately  I confirm I have read this message and will call the study clinic immediately  No Operation immediately  No Operation immediately  No Operation immediately  Clinic immediately  No Operation immediately  No Operation immediately  No Operation immediately  No Operation immediately	•	ies
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Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?  No  Open 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 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.  I confirm I have read this message and will call the study clinic immediately.  No  Place of 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 wour study clinic immediately. The completed this questionnaire or had contact with the study clinic?  No		periencing (Check all that apply):
Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?  No		
Shortness of breath  Difficulty breathing Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read this message and will call the study clinic immediately  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Chills	
Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read this message and will call the study clinic immediately wour study clinic.  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?	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.  I confirm I have read this message and will call the study clinic immediately. 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	24 NOV 2021 00:01
Patient Cloud Close Date & Time	28 NOV 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On. 11 Aug 2021 22.01.33	
TIMEPOINT	DAY 481
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the 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 DEC 2021 00:01
Patient Cloud Close Date & Time	05 DEC 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On. 11 Aug 2021 22.01.33	
TIMEPOINT	DAY 495
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the	No
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$ )	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss 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 DEC 2021 00:01
Patient Cloud Close Date & Time	19 DEC 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

TIMEPOINT	DAY 502
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	
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 DEC 2021 00:01
Patient Cloud Close Date & Time	26 DEC 2021 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On. 11 Aug 2021 22.01.33	
TIMEPOINT	DAY 509
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the	No
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$ )	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	29 DEC 2021 00:01
Patient Cloud Close Date & Time	02 JAN 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On. 11 Aug 2021 22.01.33	
TIMEPOINT	DAY 523
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$ )	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

TIMEPOINT	DAY 530
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	$^{\text{No}}$
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 $\geq 100.4^{\circ}F/38^{\circ}C$ )	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	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	19 JAN 2022 00:01
Patient Cloud Close Date & Time	23 JAN 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

5	
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	
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	26 JAN 2022 00:01
Patient Cloud Close Date & Time	30 JAN 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On. 11 Mag 2021 22:01:00	
TIMEPOINT	DAY 544
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the	No
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$ )	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

9	
TIMEPOINT	DAY 551
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	
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	09 FEB 2022 00:01
Patient Cloud Close Date & Time	13 FEB 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On. 11 Aug 2021 22.01.55	
TIMEPOINT	DAY 558
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the	No
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$ )	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On. 11 Mag 2021 22:01:00	
TIMEPOINT	DAY 565
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the study clinic?	Yes
	enomianaina (Chaola all that apply)
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature ≥ 100.4°F/38°C)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On. 11 Mag 2021 22.01.65	
TIMEPOINT	DAY 572
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ} F/38^{\circ} C$ )	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On. 11 Mag 2021 22:01:00	
TIMEPOINT	DAY 579
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the	No
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$ )	F
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On. 11 Mag 2021 22:01:00	
TIMEPOINT	DAY 586
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	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	16 MAR 2022 00:01
Patient Cloud Close Date & Time	20 MAR 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On. 11 Mag 2021 22:01:00	
TIMEPOINT	DAY 593
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$ )	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On. 11 Mag 2021 22:01:00	
TIMEPOINT	DAY 600
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the	No
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$ )	Francis (control me new nFL-2).
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	30 MAR 2022 00:01
Patient Cloud Close Date & Time	03 APR 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?  Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of taste  New loss of smell  Sore 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 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.		D 117 (11
Have you been exposed to someone with 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?  I confirm I have read this message and will call the study clinic?  I confirm I have read this message and will call the study clinic?  I confirm I have read this message and will call the study clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately. No completed this questionnaire or had contact with the study clinic?	TIMEPOINT	DAY 614
Have you been exposed to someone with 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  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  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	· · · · · · · · · · · · · · · · · · ·	No
infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  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?	completed this questionnaire or had contact with the study clinic?	Yes
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read this message and will call the study clinic immediately  I confirm I have read this message and will call the study clinic immediately. No completed this questionnaire or had contact with the study clinic?	Have you been exposed to someone with known SARS-CoV-2	No
questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read this message and will call the study clinic immediately. Click below to confirm that you have experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  No Pess clinic immediately  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  No proceeding this questionnaire or had contact with the study clinic?  No completed this questionnaire or had contact with the study clinic?	infection or COVID-19 disease since the last time you completed this	Yes
that you have read this message and understood that you must call your study clinic.  The study clinic immediately clinic imme	questionnaire or had contact with the study clinic?	
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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 smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please 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 wourse and will call the study 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?		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 your study clinic.  No  Compelation:  I confirm I have read this message and will call the study clinic immediately.  Please contact your 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?		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.  No  Composition of the study clinic immediately of the study clinic immed		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 our study clinic immediately.  No  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 this message and will call the study clinic immediately our study clinic immediately.  I confirm I have read this message and will call the study or study clinic immediately.  No completed this questionnaire or had contact with the study clinic?		periencing (Check all that apply):
Cough Shortness of breath  Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read this message and will call the study 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?		
Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this 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 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 your study clinic.  No completed this questionnaire or had contact with the study clinic?	Cough	
Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Shortness of breath	
Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Difficulty breathing	
Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Fatigue	
Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Muscle aches	
New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Body aches	
New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Headache	
Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	New loss of taste	
Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	New loss of smell	
Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Sore throat	
Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Congestion	
Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Runny nose	
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Nausea	
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Vomiting	
that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Diarrhea	
your study clinic. clinic immediately  Have you had to contact a healthcare provider since the last time you  completed this questionnaire or had contact with the study clinic?	Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
Have you had to contact a healthcare provider since the last time you  completed this questionnaire or had contact with the study clinic?	that you have read this message and understood that you must call	
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	13 APR 2022 00:01
Patient Cloud Close Date & Time	17 APR 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On: 11 Mag 2021 22:01:00	
TIMEPOINT	DAY 628
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the	No
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$ )	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	27 APR 2022 00:01
Patient Cloud Close Date & Time	01 MAY 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On. 11 Mag 2021 22:01:00	
TIMEPOINT	DAY 635
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$ )	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	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 MAY 2022 00:01
Patient Cloud Close Date & Time	08 MAY 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?  Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read the message and will call the study 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	ely No
Completed this questionnaire or had contact with the study clinic?  Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read the message and will call the study clinic immediate.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the	Ves O o o o o o o o o o o o o o o o o o o
Have you been exposed to someone with 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 the message and will call the study 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	res onis onis onis onis onis onis onis oni
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 the message and will call the study your study clinic.  Clinic immediates the last time you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the	res on the state of the state o
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 the message and will call the study your study clinic.  Clinic immediates the last time you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the	nis O
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 lest time you completed this questionnaire or had contact with the	nis O
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	ely No
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	No O
Have you experienced any new COVID-19 disease symptoms since  the last time you completed this questionnaire or had contact with the	No Ook
the last time you completed this questionnaire or had contact with the	$\cup$
the last time you completed this questionnaire or had contact with the	$\simeq$
	es 🖳
study clinic?	$\underline{}$
Please identify below which symptoms you have experienced or are experiencing (Check all that appl	y):
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 have read the	nis
that you have read this message and understood that you must call message and will call the study	•
your study clinic. clinic immediate	ly
	No O
completed this questionnaire or had contact with the study clinic?	$\mathcal{L}$
	es 🖳

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 MAY 2022 00:01
Patient Cloud Close Date & Time	15 MAY 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On. 11 Mag 2021 22:01:00	
TIMEPOINT	DAY 649
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the	No
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$ )	Francis (control me me PF-2)
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

TIMEPOINT	DAY 663
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
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 JUN 2022 00:01
Patient Cloud Close Date & Time	05 JUN 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On: 11 Aug 2021 22:01:55	
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	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 JUN 2022 00:01
Patient Cloud Close Date & Time	12 JUN 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

TIMEPOINT  Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?  Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read this message and will call the study clinic immediately. 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 understood that you must call your study 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 Oncompleted 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?  I confirm I have read this message and understood that you must call message and will call the study clinic immediately clinic?  No  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call message and will call the study clinic immediately  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 677
Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of sate  New loss of sate  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call with the study clinic?  I confirm I have read this message and will call the study clinic immediately  I confirm I have read this message and will call the study clinic immediately		No
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?  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 smell  Sore 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  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 O
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  No  T confirm I have read this message and will call the study clinic immediately  No  Runny nose  Nausea  Vomiting  Diarrhea  Please 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  Congestion 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?		$\cup$
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)	•	res
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  No  Or completed this questionnaire or had contact with the study clinic?  No  Or 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 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 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.  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 immediately  Head contact with the study clinic?  No  Composition  I confirm I have read this message and will call the study clinic immediately  Composition of the study clinic immediately.  Compos	• • •	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 questionnairs or had contact with the study clinic?  No		
Chills Cough Shortness of breath Difficulty breathing Fatigue Muscle aches Body aches Headache New loss of taste New loss of smell Sore throat Congestion Runny nose Nausea Vomiting Diarrhea Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?  No		periencing (Check all that apply):
Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?  No		
Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read this message and will call the study clinic immediately. Have you had to contact a healthcare provider since the last time you completed this questionnairs or had contact with the study clinic?	<u> </u>	
Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this 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 wour study clinic.  No  completed this questionnaire or had contact with the study clinic?		
Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message 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  No  No  No  No  No  No  No  No  N	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	
Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Runny nose	
Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?  I confirm I have read this message and will call the study clinic immediately	Nausea	
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Vomiting	
that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	Diarrhea	
that you have read this message and understood that you must call your study 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?	that you have read this message and understood that you must call	message and will call the study
completed this questionnaire or had contact with the study clinic?		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	15 JUN 2022 00:01
Patient Cloud Close Date & Time	19 JUN 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On. 11 Mag 2021 22:01:00	
TIMEPOINT	DAY 684
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	enorionaina (Chack all that apply):
Fever (Temperature $\geq 100.4^{\circ}\text{F/38}^{\circ}\text{C}$ )	periencing (Check an that appry).
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

	DAV 601
TIMEPOINT	DAY 691
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No
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	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	vneriencing (Check all that annly):
Fever (Temperature $\geq 100.4^{\circ}\text{F/38}^{\circ}\text{C}$ )	xperiencing (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	29 JUN 2022 00:01
Patient Cloud Close Date & Time	03 JUL 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

TIMEPOINT	DAY 698
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 infection or COVID-19 disease since the last time you completed this	$^{\mathrm{No}}$
questionnaire or had contact with the study clinic?	Yes
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please identify below which symptoms you have experienced or are 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	06 JUL 2022 00:01
Patient Cloud Close Date & Time	10 JUL 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

TIMEPOINT  Have you had any changes in your health since the last time you completed this questionneits or had contact with the study clinic?	DAY 705
	No
completed this questionneirs or had contact with the study alinia?	
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the	Yes
study clinic?	
Please identify below which symptoms you have experienced or are exp	beriencing (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 JUL 2022 00:01
Patient Cloud Close Date & Time	17 JUL 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On. 11 Mag 2021 22:01:00	
TIMEPOINT	DAY 719
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the study clinic?	Yes
	enomianaina (Chaola all that apply)
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature ≥ 100.4°F/38°C)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On. 11 Mag 2021 22:01:00	
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	03 AUG 2022 00:01
Patient Cloud Close Date & Time	07 AUG 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On. 11 Mag 2021 22:01:00	
TIMEPOINT	DAY 733
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the study clinic?	Yes
	manianaina (Chaala all that apply)
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature ≥ 100.4°F/38°C)	
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On: 11 Mag 2021 22:01:00	
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	I confirm I have read 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	17 AUG 2022 00:01
Patient Cloud Close Date & Time	21 AUG 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On. 11 Mag 2021 22:01:00	
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	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Date and time of submission	
Patient Cloud Open Date & Time	24 AUG 2022 00:01
Patient Cloud Close Date & Time	28 AUG 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

TIMEPOINT	DAY 754
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	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	31 AUG 2022 00:01
Patient Cloud Close Date & Time	04 SEP 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On. 11 Mag 2021 22:01:00	
TIMEPOINT	DAY 761
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since	No
the last time you completed this questionnaire or had contact with the study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	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	07 SEP 2022 00:01
Patient Cloud Close Date & Time	11 SEP 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On. 11 Aug 2021 22.01.33	
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

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On. 11 Mag 2021 22:01:00	
TIMEPOINT	DAY 775
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the	No
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$ )	F
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?  Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache New loss of taste  New loss of taste  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read this message and will call the study clinic immediately.  No Occupance of the study clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?  No Occupance of the study clinic immediately.  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?  Have you been exposed to someone with 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 whave read this message and will call the study clinic?  No  Composition  I confirm I have read this message and will call the study clinic immediately.  No  Confirm I have read this message and understood that you must call whave read this message and will call the study clinic immediately.  No  Composition  Confirm I have read this message and understood that you must call whave read this message and will call the study clinic immediately.  No  Composition immediately  No  Composition immediately.  No  Composition immediately  No  Composition immediately.  No  Composition immediately.  No  Composition immediately.  No  Composition immediately.	TIMEPOINT	DAY 782
Have you been exposed to someone with 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. 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  Tenfirm 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 smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately  I confirm I have read this message and will call the study clinic immediately  No  I confirm I have read this message and will call the study clinic immediately  No  Composition  I confirm I have read this message and will call the study clinic immediately  No  Composition  I confirm I have read this message and will call the study clinic immediately  No  Composition  Composition  Confirm I have read this message and will call the study clinic immediately  No  Composition  Composition  Confirm I have read this message and will call the study clinic immediately  No  Composition  No	completed this questionnaire or had contact with the study clinic?	Yes
infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic?  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and will call the study clinic immediately  I confirm I have read this message and will call the study clinic immediately  No  I confirm I have read this message and will call the study clinic immediately  No  Composition  I confirm I have read this message and will call the study clinic immediately  No  Composition  I confirm I have read this message and will call the study clinic immediately  No  Composition  Composition  Confirm I have read this message and will call the study clinic immediately  No  Composition  Composition  Confirm I have read this message and will call the study clinic immediately  No  Composition  No	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?  No  I confirm I have read this message and will call the study clinic immediately. No  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic immediately.		
that you have read this message and understood that you must call your study clinic.  Message and will call the study clinic immediately. Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  No Operation immediately  I confirm I have read this message and will call the study clinic immediately  No Operation immediately  No Operation immediately  No Operation immediately  Clinic immediately  No Operation immediately  No Operation immediately  No Operation immediately  No Operation immediately	•	ies
your study clinic.  Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  No  Please contact a healthcare provider since the last time you completed this questionnairs or had contact with the study clinic?	Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?  Please identify below which symptoms you have experienced or are experiencing (Check all that apply):  Fever (Temperature ≥ 100.4°F/38°C)  Chills  Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?  No  Open 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 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.  I confirm I have read this message and will call the study clinic immediately.  No  Place of 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 wour study clinic immediately. The completed this questionnaire or had contact with the study clinic?  No		periencing (Check all that apply):
Cough  Shortness of breath  Difficulty breathing  Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?  No		
Shortness of breath  Difficulty breathing Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.  I confirm I have read this message and will call the study clinic immediately  Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	<u> </u>	
Fatigue  Muscle aches  Body aches  Headache  New loss of taste  New loss of smell  Sore throat  Congestion  Runny nose  Nausea  Vomiting  Diarrhea  Please contact your study clinic immediately. Click below to confirm that you have read this 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.  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?	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.  I confirm I have read this message and will call the study clinic immediately. 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	28 SEP 2022 00:01
Patient Cloud Close Date & Time	02 OCT 2022 23:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On. 11 Mag 2021 22:01:00	
TIMEPOINT	DAY 789
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the	No
study clinic?	Yes
Please identify below which symptoms you have experienced or are ex	periencing (Check all that apply):
Fever (Temperature $\geq 100.4^{\circ}F/38^{\circ}C$ )	F
Chills	
Cough	
Shortness of breath	
Difficulty breathing	
Fatigue	
Muscle aches	
Body aches	
Headache	
New loss of taste	
New loss of smell	
Sore throat	
Congestion	
Runny nose	
Nausea	
Vomiting	
Diarrhea	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you had to contact a healthcare provider since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes

PRODUCTION RELEASE (v12.003 EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

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

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Generated On. 11 Mag 2021 22:01:00	
TIMEPOINT	DAY 796
Have you had any changes in your health since the last time you	No
completed this questionnaire or had contact with the study clinic?	Yes
Have you been exposed to someone with known SARS-CoV-2	No
infection or COVID-19 disease since the last time you completed this	Yes
questionnaire or had contact with the study clinic?	
Please contact your study clinic immediately. Click below to confirm	I confirm I have read this
that you have read this message and understood that you must call	message and will call the study
your study clinic.	clinic immediately
Have you experienced any new COVID-19 disease symptoms since 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	12 OCT 2022 00:01
Patient Cloud Close Date & Time	16 OCT 2022 23:59

Folder: Cosmetic Injections and Dermal Fillers Form: Cosmetic Injection\_ Dermal Filler eDiary

Have you ever received a dermal	Date & Time of Submission
filler, such as Juvederm, Voluma,	
Radiesse, Restylane, or Botox or	
other for a medical indication such as	
a migraine headache?	
	filler, such as Juvederm, Voluma, Radiesse, Restylane, or Botox or other for a medical indication such as

Folder: Safety Call Day 85 (1)

Form: Safety Call

Data signed: (b) (4) 19 Feb 2021 15:10:44

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	03 NOV 2020
Please select one status for the follow-up contact	Contact Made
	Contact Not Made
Comments	
If Contact Not Made, please provide Comments	

Folder: Safety Call Day 85 (1)

**Form: Continuing** 

Data signed: (b) (4) 19 Feb 2021 15:10:44

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) 19 Feb 2021 15:09:12

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	10 DEC 2020
Please select one status for the follow-up contact	Contact Made
	Contact Not Made
Comments	
If Contact Not Made, please provide Comments	

Folder: Safety Call Day 119 (1)

**Form: Continuing** 

Data signed: (b) (4) 19 Feb 2021 15:09:12

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) 19 Feb 2021 15:09:12

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	04 JAN 2021
Please select one status for the follow-up contact	Contact Made
	Contact Not Made
Comments	
If Contact Not Made, please provide Comments	

Folder: Safety Call Day 149 (1)

**Form: Continuing** 

Data signed: (b) (4) 19 Feb 2021 15:09:12

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

Folder: Safety Call Day 179 (1)

Form: Safety Call

Data signed: (b) (4) 25 Mar 2021 17:12:47

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	02 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) 25 Mar 2021 17:12:47

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) 25 Mar 2021 17:12:47

Was this visit performed?	Yes
	No
Visit date (dd MMM yyyy)	08 MAR 2021
Was visit performed at the participant's home or at the clinic?	Home
	Clinic
Folder OID	VISIT4

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

Form: Vital Signs

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

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

Data signed: (b) (4) 25 Mar 2021 17:12:47

Generated On: 11 Aug 2021 22:01:53

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) 25 Mar 2021 17:12:47

Was the sample collected?	Yes
	No
Collection date (dd MMM yyyy)	08 MAR 2021
Collection time (00:00-23:59)	13:30 (24 HR)
Collection date and time (derived)	08 MAR 2021 13:30

Folder: Visit 4 Day 209 (1)

**Form: Continuing** 

Data signed: (b) (4) 25 Mar 2021 17:12:47

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

Folder: Safety Call Day 239 (1)

Form: Safety Call

Data signed: (b) (4) 26 Apr 2021 13:36:56

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	09 APR 2021
Please select one status for the follow-up contact	Contact Made
	Contact Not Made
Comments	
If Contact Not Made, please provide Comments	

Folder: Safety Call Day 239 (1)

**Form: Continuing** 

Data signed: (b) (4) 26 Apr 2021 13:36:56

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

Folder: Safety Call Day 269 (1)

Form: Safety Call

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

Folder: Safety Call Day 269 (1)

Form: Continuing

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

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

c Visit - Scheduled
Visit - Unscheduled
Safety Call
valescent Tele-visit
Yes
No
•

Folder: Covid-19 Assessment (1)

Form: Generate Next COVID-19 Assessment

Generate Next COVID-19 Assessment	Yes
	No

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

Form: Visit Date

Data signed: (b) (4) 19 Feb 2021 15:09:12

Was this visit performed?	Yes
	No
Visit date (dd MMM yyyy)	22 JAN 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) 25 Mar 2021 17:12:47

Date of updated informed consent (dd MMM yyyy)	22 JAN 2021
N/A - Subject Unblinded under Amendment 5 and Discontinued from Study	False
Was the participant unblinded?	Yes
	No
Under what version of the Protocol was the Participant unblinded?	Amendment 5
	Amendment 6 or later
Date of unblinding (dd MMM yyyy)	22 JAN 2021
Participant randomization assignment	mRNA-1273
	Placebo
Actual Dose 1	mRNA-1273
	Placebo
	Not Administered
Actual Dose 2	mRNA-1273
	Placebo
	Not Administered
Will participant receive mRNA-1273?	Yes
	No
Placebo Only Flag	
Continuing with mRNA-1273	1

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

Form: Vital Signs - Dosing

Data signed: (b) (4) 19 Feb 2021 15:09:12

Height	147.3 cm
Weight	58.9 kg
BMI (xxx.x)	27.14625

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

Form: Vital Signs - Dosing (1)

Data signed: (b) (4) 19 Feb 2021 15:09:12

Voight	147.3 cm
Height	
Weight	58.9 kg
BMI (xxx.x)	27.14625
Timepoint	Pre-Dose
	Post-Dose O
Were vital signs assessed?	Yes
	No
Date of assessment (dd MMM yyyy)	22 JAN 2021
Time of assessment (00:00-23:59)	14:35 (24 HR)
Vital Signs Date and Time (derived)	22 JAN 2021 14:35
Temperature (xxx.x)	36.6 C
Route of measurement	Oral
	Axillary
	Other
If Other, specify	
Pulse (xxx)	89 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	124 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	90 mmHg
Diastolic Blood Pressure units	MMHG

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

Form: Vital Signs - Dosing (2)

Data signed: (b) (4) 19 Feb 2021 15:09:12

Height	147.3 cm
Weight	58.9 kg
BMI (xxx.x)	27.14625
Timepoint	Pre-Dose
	Post-Dose
Were vital signs assessed?	Yes
	No
Date of assessment (dd MMM yyyy)	22 JAN 2021
Time of assessment (00:00-23:59)	15:19 (24 HR)
Vital Signs Date and Time (derived)	22 JAN 2021 15:19
Temperature (xxx.x)	36.6 C
Route of measurement	Oral
	Axillary
	Other
If Other, specify	
Pulse (xxx)	81 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	138 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	94 mmHg
Diastolic Blood Pressure units	MMHG

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

Form: Physical Examination

Data signed: (b) (4) 19 Feb 2021 15:09:12

Generated On: 11 Aug 2021 22:01:53

Was the physical examination performed?

Yes No

Date of examination (dd MMM yyyy)

22 JAN 2021

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

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

Form: Exposure

Data signed: (b) (4) 19 Feb 2021 15:09:12

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)	22 JAN 2021
What was the treatment time? (00:00-23:59)	14:48 (24 HR)
Treatment Date and Time (derived)	22 JAN 2021 14:48
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) 19 Feb 2021 15:09:12

Was the sample collected?	Yes
	No
Collection date (dd MMM yyyy)	22 JAN 2021
Collection time (00:00-23:59)	14:05 (24 HR)
Collection date and time (derived)	22 JAN 2021 14:05

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

Form: Central Laboratory - Nasopharyngeal Swab (Single)

Data signed: (b) (4) 19 Feb 2021 15:09:12

Was the sample collected?	Yes
	No
Collection date (dd MMM yyyy)	22 JAN 2021
Collection time (00:00 - 23:59)	14:07
Collection Date and Time (derived)	22 JAN 2021 14:07

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

**Form: Continuing** 

Data signed: (b) (4) 19 Feb 2021 15:09:12

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) 02 Mar 2021 21:29:42

Was Contact Attempted?	Yes
	No
Date of Contact or Contact Attempt (dd MMM yyyy)	01 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 OL-D8 (1)

**Form: Continuing** 

Data signed: (b) (4) 02 Mar 2021 21:29:42

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) 25 Mar 2021 17:12:47

Was this visit performed?	Yes
	No
Visit date (dd MMM yyyy)	08 MAR 2021
Was visit performed at the participant's home or at the clinic?	Home
	Clinic
Folder OID	OLD29

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

Data signed: (b) (4) 25 Mar 2021 17:12:47

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

Folder: OL-D29 (1)

Form: Physical Examination

Data signed: (b) (4) 25 Mar 2021 17:12:47

Generated On: 11 Aug 2021 22:01:53

Was the physical examination performed?

Yes No

Date of examination (dd MMM yyyy)

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

Folder: OL-D29 (1)

Form: Immunogenicity Assessment

Data signed: (b) (4) 25 Mar 2021 17:12:47

Was the sample collected?	Yes
	No
Collection date (dd MMM yyyy)	08 MAR 2021
Collection time (00:00-23:59)	13:30 (24 HR)
Collection date and time (derived)	08 MAR 2021 13:30

**Folder: Adverse Events** 

Form: Adverse Events Summary

Data signed: (b) (4) 19 Feb 2021 15:09:11

Generated On: 11 Aug 2021 22:01:53

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) 26 Apr 2021 13:36:55

AEID	
Adverse event	MASS ON RIGHT BREAST
	POSSITIVE FOR CANCER
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)	4 SEP 2020
Start time (00:00-23:59)	
AE start date and time (derived)	
Ongoing?	Yes
	No
If not Ongoing, end date (dd MMM yyyy)	
End time (00:00-23:59)	
AE End Date and Time (derived)	
Severity	Grade 1/Mild
Seventy	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	305 of 1645

Folder: Adverse Events Form: Adverse Events (1)

Data signed: (b) (4) 26 Apr 2021 13:36:55

Number of Days in ICU	
Persistent or significant disability or incapacity	False
Congenital anomaly or birth defect	False
Other medically important event	False
Relationship to investigational product	Not Related
	Related
	Not Applicable
Relationship to Study Procedure	Not Related
	Related
	Not Applicable
Action taken with investigational product	None
	Dose Delayed
	Investigational Product
	Withdrawn Not Applicable
Other action taken (check all that apply)	
None	False
Concomitant Medication	False
Concomitant Procedure	True
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)	0
Medically Attended AE Derived (CSA Programming Field Only)	1
Admitted to ICU Derived (CSA Programming Field Only)	

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination Summary

Data signed: (b) (4) 19 Feb 2021 15:09:12

Generated On: 11 Aug 2021 22:01:53

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) 26 Apr 2021 13:36:55

Name of Medication	ATORVASTATIN
Prophylaxis	Yes
	No
Indication	HYPERLIPIDEMIA
Dose per administration	20
Dose unit	mg
	ug
	mL
	g
	IU
	tablet
	capsule
	puff
	Other
If dose unit is Other, specify	
Frequency	once daily
	twice daily
	three times daily
	four times daily
	every other day
	every week
	every month
	as needed
	once
	unknown
	other
If frequency is Other, specify	
Route of administration	Oral
	Topical
	Subcutaneous
	Transdermal
	Intraocular
PRODUCTION RELEASE (v12.003	308 of 1645
EAB) (1725)	

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

Data signed: (b) (4) 26 Apr 2021 13:36:55

C	
	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)	01 JAN 2005
Start date completely unknown	False
Ongoing?	Yes
	No
If not Ongoing, End date (dd MMM yyyy)	
Was this medication taken for solicited event?	Yes
	No
Separate Dosage Number (derived)	
Interval Dosage Unit Number (derived)	
Interval Dosage Definition (derived)	802
	803
	804

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

Data signed: (b) (4) 26 Apr 2021 13:36:55

Name of Medication	LOSARTAN
Prophylaxis	Yes
	No
Indication	HYPERTENSION
Dose per administration	50
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	310 of 1645
EAB) (1725)	

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

Data signed: (b) (4) 26 Apr 2021 13:36:55

9	
	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)	01 JAN 2010
Start date completely unknown	False
Ongoing?	Yes
	No
If not Ongoing, End date (dd MMM yyyy)	<u>_</u>
Was this medication taken for solicited event?	Yes
	No
Separate Dosage Number (derived)	1
Interval Dosage Unit Number (derived)	1
Interval Dosage Definition (derived)	802
	803
	804

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

Data signed: (b) (4) 26 Apr 2021 13:36:55

Name of Medication	METOPROLOL
Prophylaxis	Yes
	No
Indication	HYPERTENSION
Dose per administration	25
Dose unit	mg 💼
	ug
	mL
	g
	IU
	tablet
	capsule
	puff
	Other
If dose unit is Other, specify	
Frequency	once daily
	twice daily
	three times daily
	four times daily
	every other day
	every week
	every month
	as needed
	once
	unknown
	other
If frequency is Other, specify	
Route of administration	Oral
	Topical
	Subcutaneous
	Transdermal
	Intraocular
PRODUCTION RELEASE (v12.003	312 of 1645
EAB) (1725)	

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

Data signed: (b) (4) 26 Apr 2021 13:36:55

9	
	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)	01 JAN 2018
Start date completely unknown	False
Ongoing?	Yes
	No
If not Ongoing, End date (dd MMM yyyy)	<u> </u>
Was this medication taken for solicited event?	Yes
	No
Separate Dosage Number (derived)	1
Interval Dosage Unit Number (derived)	1
Interval Dosage Definition (derived)	802
	803
	804

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

Data signed: (b) (4) 26 Apr 2021 13:36:55

Name of Medication	ELLIPTA (FLUTICASONE +
	UMECLIDINIUM +
	VILANTEROL)
Prophylaxis	Yes
	No
Indication	COPD/EMPHASEMA
Dose per administration	100/65/25
Dose unit	mg
	ug
	mL
	g
	IU
	tablet
	capsule
	puff
	Other
If dose unit is Other, specify	MCG
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	<u>_</u>
Route of administration	Oral
	Topical
	Subcutaneous
	Transdermal
DDODLICTION DELEASE (12 002	
PRODUCTION RELEASE (v12.003 EAB) (1725)	314 of 1645

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

Data signed: (b) (4) 26 Apr 2021 13:36:55

6	
	Intraocular
	Intramuscular
	Respiratory (Inhalation)
	Intralesional
	Intraperiteoneal
	Nasal
	Vaginal
	Rectal
	Intravenous
	Intravenous Bolus
	Intravenous Drip
	Other
If route of administration is Other, specify	<u>U</u>
Start date (dd MMM yyyy)	01 JAN 2006
Start date completely unknown	False
Ongoing?	Yes
	No
If not Ongoing, End date (dd MMM yyyy)	<u>U</u>
Was this medication taken for solicited event?	Yes
	No
Separate Dosage Number (derived)	
Interval Dosage Unit Number (derived)	
	902
Interval Dosage Definition (derived)	802
	803
	804

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (5)

Data signed: (b) (4) 26 Apr 2021 13:36:55

Name of Medication	VENTOLIN
Prophylaxis	Yes
	No
Indication	COPD/EMPHASEMA
Dose per administration	90
Dose unit	mg
	ug
	mL
	g
	IU
	tablet
	capsule
	puff
	Other
If dose unit is Other, specify	
Frequency	once daily
	twice daily
	three times daily
	four times daily
	every other day
	every week
	every month
	as needed
	once
	unknown
	other
If frequency is Other, specify	
Route of administration	Oral
	Topical
	Subcutaneous
	Transdermal
	Intraocular
PRODUCTION RELEASE (v12.003	316 of 1645
EAB) (1725)	

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (5)

Data signed: (b) (4) 26 Apr 2021 13:36:55

	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)	01 JAN 2006
Start date completely unknown	False
Ongoing?	Yes
	No
If not Ongoing, End date (dd MMM yyyy)	<u>_</u>
Was this medication taken for solicited event?	Yes
	No
Separate Dosage Number (derived)	
Interval Dosage Unit Number (derived)	
Interval Dosage Definition (derived)	802
	803
	804

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (6)

Data signed: (b) (4) 26 Apr 2021 13:36:55

Name of Medication	INFLUENZA VACCINE
Prophylaxis	Yes
	No
Indication	SEASONAL INFLUENZA
Dose per administration	UNK
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 1645
EAB) (1725)	

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (6)

Data signed: (b) (4) 26 Apr 2021 13:36:55

	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)	11 SEP 2020
Start date completely unknown	False
Ongoing?	Yes
	No
If not Ongoing, End date (dd MMM yyyy)	11 SEP 2020
Was this medication taken for solicited event?	Yes
	No
Separate Dosage Number (derived)	
Interval Dosage Unit Number (derived)	
Interval Dosage Definition (derived)	802
	803
	804
	$\sim$

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (7)

Data signed: (b) (4) 26 Apr 2021 13:36:55

Name of Medication	FLONASE
Prophylaxis	Yes
	No
Indication	SEASONAL ALLERGIES
Dose per administration	50
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	320 of 164:
EAB) (1725)	

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (7)

Data signed: (b) (4) 26 Apr 2021 13:36:55

9	
	Intramuscular
	Respiratory (Inhalation)
	Intralesional
	Intraperiteoneal
	Nasal
	Vaginal
	Rectal
	Intravenous
	Intravenous Bolus
	Intravenous Drip
	Other
If route of administration is Other, specify	
Start date (dd MMM yyyy)	UN UNK 2020
Start date completely unknown	False
Ongoing?	Yes
	No
If not Ongoing, End date (dd MMM yyyy)	<u>_</u>
Was this medication taken for solicited event?	Yes
	No
Separate Dosage Number (derived)	1
Interval Dosage Unit Number (derived)	1
Interval Dosage Definition (derived)	802
	803
	804

Folder: Concomitant Procedures (1)

Form: Concomitant Procedures Summary

Data signed: (b) (4) 26 Apr 2021 13:36:56

Generated On: 11 Aug 2021 22:01:53

Were any concomitant procedures performed?

Yes

No

If yes, please complete Concomitant Procedures form.

**Folder: Concomitant Procedures (1) Form: Concomitant Procedures** 

Data signed: (b) (4) 26 Apr 2021 13:36:56

Procedure/Surgery date (dd MMM	Procedure/Surgery	Indication	If indication is Other, specify
уууу)			
12 FEB 2021	MASTECTOMY RIGHT BREAST	Adverse Event	

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

Data signed: (b) (4) 25 Mar 2021 17:12:47

Generated On: 11 Aug 2021 22:01:53

Date of dosing discontinuation (dd MMM yyyy)	14 SEP 2020
Primary reason for dosing discontinuation	AE (specify)
	SAE (specify)
	Death
	Lost To Follow-up
	Physician decision (specify)
	Pregnancy
	Protocol deviation (specify)
	Study Terminated By Sponsor
	Withdrawal of consent by
	participant (specify)
	Due to SARS-COV-2
	Other
If reason is AE, SAE, Physician Decision, Withdrawal of consent	AE #1 LEFT BREAST MASS, HER
by participant, Protocol deviation, or Other, specify	ONCOLOGIST DIDNT WANT
	HER TO RECEIVE THE SECOND
	VACCINE AND THE PI KEPT
	HER ON THE TRIAL.

Folder: End of Study (1)

Form: End of Study / Study Discontinuation Generated On: 11 Aug 2021 22:01:53

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 participant, Protocol deviation, or Other, specify	by
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

US3222061 (Prod: Accel Research Site - Avail - ERN-PPDS)

**Form: Participant Creation** 

Generated On: 11 Aug 2021 22:01:53

Participant ID

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'US3222061'	RWŚ_ENDPOINT ENDPOINT (b) (4)	10 Aug 2020 14:14:27

Folder: Screening Form: Visit Date

Generated On: 11 Aug 2021 22:01:53

Was this visit performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Yes (Y)'	Jennifer Dittman (b) (4) (b) (4)	10 Aug 2020 14:33:33

Folder: Screening Form: Visit Date

Generated On: 11 Aug 2021 22:01:53

Visit date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '10 AUG 2020'	RWS_ENDPOINT ENDPOINT (b) (4)	10 Aug 2020 14:14:28

Folder: Screening Form: Visit Date

Generated On: 11 Aug 2021 22:01:53

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 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Clinic (Clinic)'	Jennifer Dittman (b) (4) (b) (4)	10 Aug 2020 14:33:33

Folder: Screening Form: Visit Date

Generated On: 11 Aug 2021 22:01:53

Folder OID

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered 'SCRN'	System	10 Aug 2020 14:33:33

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:01:53

Date of Birth (MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered (b) (6) 1949'	RWS_ENDPOINT ENDPOINT (b) (4)	10 Aug 2020 14:14:28

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:01:53

# Age

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '71'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:12:17

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:01:53

Age Units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered 'YEARS'	System	10 Aug 2020 17:12:17

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:01:53

Age (Derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered '71'	System	10 Aug 2020 14:34:25

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:01:53

Sex

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Female (F)'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:12:17

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:01:53

Ethnicity

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Not Hispanic or Latino (NOT HISPANIC OR LATINO)'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:12:17

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:01:53

White

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '1'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:12:17

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:01:53

Black

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '0'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:12:17

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:01:53

Asian

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '0'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:12:17

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:01:53 American Indian or Alaska Native

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '0'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:12:17

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:01:53 Native Hawaiian or other Pacific Islander

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '0'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:12:17

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:01:53

Other

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '0'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:12:17

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:01:53

If race is Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	(b) (4)	19 Feb 2021 15:10:46
User entered empty.	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:12:17

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:01:53

Unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '0'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:12:17

Folder: Screening Form: Demographics

Generated On: 11 Aug 2021 22:01:53

Not reported

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '0'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:12:17

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 22:01:53
Date of Informed Consent (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
DataPoint Verified.	(b) (4), (b) (6)	13 Aug 2020 18:15:52
User entered '10 Aug 2020'	Jennifer Dittman (b) (4) (b) (4)	10 Aug 2020 14:34:25

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 22:01:53

Month and Year of Informed Consent (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered 'Aug 2020'	System	10 Aug 2020 14:34:25

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 22:01:53 Year of Informed Consent (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered '2020'	System	10 Aug 2020 14:34:25

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 22:01:53

Protocol Version

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
DataPoint Verified.	(b) (4), (b) (6)	13 Aug 2020 18:15:52
User entered 'Amendment 1 (1)'	Jennifer Dittman (b) (4) (b) (4)	10 Aug 2020 14:34:25

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 22:01:53 Was participant enrolled in the study?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
DataPoint Verified.	`(b)`(4), (b) (6)	13 Aug 2020 18:15:52
User entered 'Yes (Y)'	Jennifer Dittman (b) (4) (b) (4)	10 Aug 2020 14:34:25

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 22:01:53 If No, indicate reason for screen fail

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
DataPoint Verified.	`(b)`(4), (b) (6)	13 Aug 2020 18:15:52
User entered empty.	Jennifer Dittman (b) (4) (b) (4)	10 Aug 2020 14:34:25

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 22:01:53 If reason for screen fail is Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
DataPoint Verified.	(b) (4), (b) (6)	13 Aug 2020 18:15:52
User entered empty.	Jennifer Dittman (b) (4) (b) (4)	10 Aug 2020 14:34:25

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 22:01:53 Was this participant screened previously?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
DataPoint Verified.	(b) (4), (b) (6)	13 Aug 2020 18:15:52
User entered 'No (N)'	Jennifer Dittman (b) (4) (b) (4)	10 Aug 2020 14:34:25

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 22:01:53 If Yes, previous participant number

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
DataPoint Verified.	(b) (4), (b) (6)	13 Aug 2020 18:15:52
User entered empty.	RWS_ENDPOINT ENDPOINT (b) (4)	10 Aug 2020 14:14:28

Folder: Screening Form: Enrollment

Generated On: 11 Aug 2021 22:01:53

Enrollment Trigger

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered '1'	System	10 Aug 2020 14:34:32

**Folder: Screening** 

Form: Inclusion/Exclusion Criteria Summary

Generated On: 11 Aug 2021 22:01:53
Did the participant meet all eligibility criteria?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Yes (Y)'	Jennifer Dittman (b) (4) (b) (4)	10 Aug 2020 14:34:32

**Folder: Screening** 

Form: Medical History Summary Generated On: 11 Aug 2021 22:01:53 Were any significant conditions reported?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Yes (Y)'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:12:58

**Folder: Screening** 

Form: Medical History (1)

Generated On: 11 Aug 2021 22:01:53

Condition

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User closed query 'Per DM CLR: Please note that there is no Con Med listed for treatment of this condition and treatment would be expected for this condition. Please review and if applicable add a Con Med or provide an explanation for no medical	(b) (4), (b) (6)	12 Oct 2020 14:34:36
treatment.' (Site from DM).  Query 'Per DM CLR: Please note that there is no Co Med listed for treatment of this condition and treatment would be expected for this condition.  Please review and if applicable add a Con Med or provide an explanation for no medical treatment.' answered with 'UPDATED' (Site from DM).	n Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:37:49
User opened query 'Per DM CLR: Please note that there is no Con Med listed for treatment of this condition and treatment would be expected for this condition. Please review and if applicable add a Con Med or provide an explanation for no medical treatment.' (Site from DM).	(b) (4), (b) (6)	10 Sep 2020 14:21:07
User coded data point as SOC: Respiratory, thoracic and mediastinal disorders, HLGT: Bronchial disorders (excl neoplasms), HLT: Bronchospasm and obstruction, PT: Chronic obstructive pulmonary disease, LLT: COPD - version MedDRA\\23.0.	(b) (4)	10 Aug 2020 23:32:19
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	10 Aug 2020 23:32:19
Data point term sent to Coder User entered 'COPD- Chronic Plumonary Disease'	System Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:14:17 10 Aug 2020 17:14:14

**Folder: Screening** 

Form: Medical History (1)

Generated On: 11 Aug 2021 22:01:53

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '01 Jan 2006'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:14:14

**Folder: Screening** 

Form: Medical History (1)

Generated On: 11 Aug 2021 22:01:53

Start date completely unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '0'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:14:14

**Folder: Screening** 

Form: Medical History (1)

Generated On: 11 Aug 2021 22:01:53

Condition ongoing at study entry

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Yes (Y)'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:14:14

**Folder: Screening** 

Form: Medical History (1)

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:14:14

**Folder: Screening** 

Form: Medical History (1)

Generated On: 11 Aug 2021 22:01:53

Stop date completely unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '0'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:14:14

**Folder: Screening** 

Form: Medical History (1)

Generated On: 11 Aug 2021 22:01:53

Start Month and Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered 'Jan 2006'	System	10 Aug 2020 17:14:14

**Folder: Screening** 

Form: Medical History (1)

Generated On: 11 Aug 2021 22:01:53

Start Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered '2006'	System	10 Aug 2020 17:14:14

**Folder: Screening** 

Form: Medical History (1)

Generated On: 11 Aug 2021 22:01:53

Stop Month and Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered empty.	System	10 Aug 2020 17:14:14

**Folder: Screening** 

Form: Medical History (1)

Generated On: 11 Aug 2021 22:01:53

Stop Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered empty.	System	10 Aug 2020 17:14:14

**Folder: Screening** 

Form: Medical History (2)

Generated On: 11 Aug 2021 22:01:53

Condition

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User closed query 'Per CDM: Response noted yet	(b) (4), (b) (6)	20 Oct 2020 13:44:40
there is no concomitant medication listed for treatment of this condition. Please review and if applicable update or provide an explanation for no medical treatment.' (Site from DM).  Query 'Per CDM: Response noted yet there is no concomitant medication listed for treatment of this	Albert Garcia (b) (4) (b) (4)	12 Oct 2020 15:25:19
condition. Please review and if applicable update or provide an explanation for no medical treatment.' answered with 'UPDATED' (Site from DM).	(() (1) (() (0)	40.0
User opened query 'Per CDM: Response noted yet there is no concomitant medication listed for	(b) (4), (b) (6)	12 Oct 2020 14:42:28
treatment of this condition. Please review and if applicable update or provide an explanation for no medical treatment.' (Site from DM).	(1) (1) (1) (2)	
User closed query 'Per DM CLR: Please note that there is no Con Med listed for treatment of this condition and treatment would be expected for this condition. Please review and if applicable add a Con Med or provide an explanation for no medical	(b) (4), (b) (6)	12 Oct 2020 14:42:28
treatment.' (Site from DM).  Query 'Per DM CLR: Please note that there is no Con Med listed for treatment of this condition and treatment would be expected for this condition.  Please review and if applicable add a Con Med or provide an explanation for no medical treatment.' answered with 'UPDATED' (Site from DM).	n Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:37:57
User opened query 'Per DM CLR: Please note that there is no Con Med listed for treatment of this condition and treatment would be expected for this condition. Please review and if applicable add a Con Med or provide an explanation for no medical treatment.' (Site from DM).	(b) (4), (b) (6)	10 Sep 2020 14:21:20
User coded data point as SOC: Respiratory, thoracic and mediastinal disorders, HLGT: Lower respiratory tract disorders (excl obstruction and infection), HLT: Parenchymal lung disorders NEC, PT: Emphysema, LLT: Emphysema - version MedDRA\\23.0.	(b) (4)	10 Aug 2020 17:16:17
DDODLICTION DELEASE (~12.002		

PRODUCTION RELEASE (v12.003 EAB) (1725)

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**Folder: Screening** 

Form: Medical History (2)

Generated On: 11 Aug 2021 22:01:53

Condition

Audit	User	Time (GMT)
User coded data point as Term Coded data point by	Coder Import (b) (4)	10 Aug 2020 17:16:17
User: Coder System - version MedDRA\\23.0. Data point term sent to Coder	(b) (4) System	10 Aug 2020 17:15:17
User entered 'Emphysema'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:15:05

**Folder: Screening** 

Form: Medical History (2)

Generated On: 11 Aug 2021 22:01:53

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '01 Jan 2006'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:15:05

**Folder: Screening** 

Form: Medical History (2)

Generated On: 11 Aug 2021 22:01:53

Start date completely unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '0'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:15:05

**Folder: Screening** 

Form: Medical History (2)

Generated On: 11 Aug 2021 22:01:53

Condition ongoing at study entry

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Yes (Y)'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:15:05

**Folder: Screening** 

Form: Medical History (2)

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:15:05

**Folder: Screening** 

Form: Medical History (2)

Generated On: 11 Aug 2021 22:01:53

Stop date completely unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '0'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:15:05

**Folder: Screening** 

Form: Medical History (2)

Generated On: 11 Aug 2021 22:01:53

Start Month and Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered 'Jan 2006'	System	10 Aug 2020 17:15:05

**Folder: Screening** 

Form: Medical History (2)

Generated On: 11 Aug 2021 22:01:53

Start Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered '2006'	System	10 Aug 2020 17:15:05

**Folder: Screening** 

Form: Medical History (2)

Generated On: 11 Aug 2021 22:01:53

Stop Month and Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered empty.	System	10 Aug 2020 17:15:05

**Folder: Screening** 

Form: Medical History (2)

Generated On: 11 Aug 2021 22:01:53

Stop Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered empty.	System	10 Aug 2020 17:15:05

**Folder: Screening** 

Form: Medical History (3)

Generated On: 11 Aug 2021 22:01:53

Condition

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User coded data point as SOC: Metabolism and	Coder Import (b) (4)	10 Aug 2020 17:18:23
nutrition disorders, HLGT: Lipid metabolism	(b) (4)	
disorders, HLT: Hyperlipidaemias NEC, PT:		
Hyperlipidaemia, LLT: Hyperlipidemia - version		
$MedDRA \setminus 23.0.$		
User coded data point as Term Coded data point by	Coder Import (b) (4)	10 Aug 2020 17:18:23
User: Coder System - version MedDRA\\23.0.	(b) (4)	
Data point term sent to Coder	System	10 Aug 2020 17:16:19
User entered 'Hyperlipidemia'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:15:43

**Folder: Screening** 

Form: Medical History (3)

Generated On: 11 Aug 2021 22:01:53

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '01 Jan 2000'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:15:43

**Folder: Screening** 

Form: Medical History (3)

Generated On: 11 Aug 2021 22:01:53

Start date completely unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '0'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:15:43

**Folder: Screening** 

Form: Medical History (3)

Generated On: 11 Aug 2021 22:01:53

Condition ongoing at study entry

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Yes (Y)'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:15:43

**Folder: Screening** 

Form: Medical History (3)

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:15:43

**Folder: Screening** 

Form: Medical History (3)

Generated On: 11 Aug 2021 22:01:53

Stop date completely unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '0'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:15:43

**Folder: Screening** 

Form: Medical History (3)

Generated On: 11 Aug 2021 22:01:53

Start Month and Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered 'Jan 2000'	System	10 Aug 2020 17:15:43

**Folder: Screening** 

Form: Medical History (3)

Generated On: 11 Aug 2021 22:01:53

Start Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered '2000'	System	10 Aug 2020 17:15:43

**Folder: Screening** 

Form: Medical History (3)

Generated On: 11 Aug 2021 22:01:53

Stop Month and Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered empty.	System	10 Aug 2020 17:15:43

**Folder: Screening** 

Form: Medical History (3)

Generated On: 11 Aug 2021 22:01:53

Stop Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered empty.	System	10 Aug 2020 17:15:43

**Folder: Screening** 

Form: Medical History (4)

Generated On: 11 Aug 2021 22:01:53

Condition

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User coded data point as SOC: Neoplasms benign, malignant and unspecified (incl cysts and polyps),	Coder Import (b) (4) (b) (4)	10 Aug 2020 17:18:23
HLGT: Respiratory and mediastinal neoplasms malignant and unspecified, HLT: Respiratory tract		
and pleural neoplasms malignant cell type unspecified NEC, PT: Lung neoplasm malignant,		
LLT: Lung cancer - version MedDRA\\23.0.		
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	10 Aug 2020 17:18:23
Data point term sent to Coder	System	10 Aug 2020 17:17:21
User entered 'Lung Cancer'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:16:28

**Folder: Screening** 

Form: Medical History (4)

Generated On: 11 Aug 2021 22:01:53

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '01 Jan 2015'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:16:28

**Folder: Screening** 

Form: Medical History (4)

Generated On: 11 Aug 2021 22:01:53

Start date completely unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '0'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:16:28

**Folder: Screening** 

Form: Medical History (4)

Generated On: 11 Aug 2021 22:01:53

Condition ongoing at study entry

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'No (N)'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:16:28

**Folder: Screening** 

Form: Medical History (4)

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:16:28

**Folder: Screening** 

Form: Medical History (4)

Generated On: 11 Aug 2021 22:01:53

Stop date completely unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '1'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:16:28

**Folder: Screening** 

Form: Medical History (4)

Generated On: 11 Aug 2021 22:01:53

Start Month and Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered 'Jan 2015'	System	10 Aug 2020 17:16:28

**Folder: Screening** 

Form: Medical History (4)

Generated On: 11 Aug 2021 22:01:53

Start Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered '2015'	System	10 Aug 2020 17:16:28

**Folder: Screening** 

Form: Medical History (4)

Generated On: 11 Aug 2021 22:01:53

Stop Month and Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered empty.	System	10 Aug 2020 17:16:28

**Folder: Screening** 

Form: Medical History (4)

Generated On: 11 Aug 2021 22:01:53

Stop Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered empty.	System	10 Aug 2020 17:16:28

**Folder: Screening** 

Form: Medical History (5)

Generated On: 11 Aug 2021 22:01:53

Condition

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User coded data point as SOC: Social circumstances,	Coder Import (b) (4)	01 Sep 2020 13:00:44
HLGT: Age related factors, HLT: Age related issues	, , , ,	
PT: Postmenopause, LLT: Postmenopause - version		
$MedDRA \setminus 23.0.$		
User coded data point as Term Coded data point by	Coder Import (b) (4)	01 Sep 2020 13:00:44
User: Coder System - version MedDRA\\23.0.	(b) (4)	
Data point term sent to Coder	System	01 Sep 2020 12:59:00
User entered 'Postmenopausal'	Amber Vasquez (b) (4) (b) (4)	01 Sep 2020 12:58:25

**Folder: Screening** 

Form: Medical History (5)

Generated On: 11 Aug 2021 22:01:53

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Amber Vasquez (b) (4) (b) (4)	01 Sep 2020 12:58:25

**Folder: Screening** 

Form: Medical History (5)

Generated On: 11 Aug 2021 22:01:53

Start date completely unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '1'	Amber Vasquez (b) (4) (b) (4)	01 Sep 2020 12:58:25

**Folder: Screening** 

Form: Medical History (5)

Generated On: 11 Aug 2021 22:01:53

Condition ongoing at study entry

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Yes (Y)'	Amber Vasquez (b) (4) (b) (4)	01 Sep 2020 12:58:25

**Folder: Screening** 

Form: Medical History (5)

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Amber Vasquez (b) (4) (b) (4)	01 Sep 2020 12:58:25

**Folder: Screening** 

Form: Medical History (5)

Generated On: 11 Aug 2021 22:01:53

Stop date completely unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '0'	Amber Vasquez (b) (4) (b) (4)	01 Sep 2020 12:58:25

**Folder: Screening** 

Form: Medical History (5)

Generated On: 11 Aug 2021 22:01:53

Start Month and Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered empty.	System	01 Sep 2020 12:58:25

**Folder: Screening** 

Form: Medical History (5)

Generated On: 11 Aug 2021 22:01:53

Start Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered empty.	System	01 Sep 2020 12:58:25

**Folder: Screening** 

Form: Medical History (5)

Generated On: 11 Aug 2021 22:01:53

Stop Month and Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered empty.	System	01 Sep 2020 12:58:25

**Folder: Screening** 

Form: Medical History (5)

Generated On: 11 Aug 2021 22:01:53

Stop Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered empty.	System	01 Sep 2020 12:58:25

**Folder: Screening** 

Form: Medical History (6)

Generated On: 11 Aug 2021 22:01:53

Condition

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User coded data point as SOC: Vascular disorders,	Coder Import (b) (4)	13 Nov 2020 15:25:46
HLGT: Vascular hypertensive disorders, HLT:	(b) (4)	
Vascular hypertensive disorders NEC, PT:		
Hypertension, LLT: Hypertension - version		
MedDRA\\23.0.		
User coded data point as Term Coded data point by	Coder Import (b) (4)	13 Nov 2020 15:25:46
User: Coder System - version MedDRA\\23.0.	(b) (4)	
Data point term sent to Coder	System	13 Nov 2020 15:24:59
User entered 'HYPERTENSION'	Albert Garcia (b) (4) (b) (4)	13 Nov 2020 15:24:31

**Folder: Screening** 

Form: Medical History (6)

Generated On: 11 Aug 2021 22:01:53

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '01 Jan 2010'	Albert Garcia (b) (4) (b) (4)	13 Nov 2020 15:24:31

**Folder: Screening** 

Form: Medical History (6)

Generated On: 11 Aug 2021 22:01:53

Start date completely unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '0'	Albert Garcia (b) (4) (b) (4)	13 Nov 2020 15:24:31

**Folder: Screening** 

Form: Medical History (6)

Generated On: 11 Aug 2021 22:01:53

Condition ongoing at study entry

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Yes (Y)'	Albert Garcia (b) (4) (b) (4)	13 Nov 2020 15:24:31

**Folder: Screening** 

Form: Medical History (6)

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	(b) (4) Albert Garcia (b) (4) (b) (4)	13 Nov 2020 15:24:31

**Folder: Screening** 

Form: Medical History (6)

Generated On: 11 Aug 2021 22:01:53

Stop date completely unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '0'	Albert Garcia (b) (4) (b) (4)	13 Nov 2020 15:24:31

**Folder: Screening** 

Form: Medical History (6)

Generated On: 11 Aug 2021 22:01:53

Start Month and Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered 'Jan 2010'	System	13 Nov 2020 15:24:31

**Folder: Screening** 

Form: Medical History (6)

Generated On: 11 Aug 2021 22:01:53

Start Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered '2010'	System	13 Nov 2020 15:24:31

**Folder: Screening** 

Form: Medical History (6)

Generated On: 11 Aug 2021 22:01:53

Stop Month and Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered empty.	System	13 Nov 2020 15:24:31

**Folder: Screening** 

Form: Medical History (6)

Generated On: 11 Aug 2021 22:01:53

Stop Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered empty.	System	13 Nov 2020 15:24:31

**Folder: Screening** 

Form: Medical History (7)

Generated On: 11 Aug 2021 22:01:53

Condition

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User coded data point as SOC: Immune system	Coder Import (b) (4)	22 Dec 2020 15:24:43
disorders, HLGT: Allergic conditions, HLT: Atopic	(b) (4)	
disorders, PT: Seasonal allergy, LLT: Seasonal		
allergy - version MedDRA\\23.0.		
User coded data point as Term Coded data point by	Coder Import (b) (4)	22 Dec 2020 15:24:43
User: Coder System - version MedDRA\\23.0.	(b) (4)	
Data point term sent to Coder	System	22 Dec 2020 15:23:56
User entered 'ALLERGIES - SEASONAL'	Albert Garcia (b) (4) (b) (4)	22 Dec 2020 15:23:20

**Folder: Screening** 

Form: Medical History (7)

Generated On: 11 Aug 2021 22:01:53

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'UN UNK 2020'	Albert Garcia (b) (4) (b) (4)	22 Dec 2020 15:23:20

**Folder: Screening** 

Form: Medical History (7)

Generated On: 11 Aug 2021 22:01:53

Start date completely unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '0'	Albert Garcia (b) (4) (b) (4)	22 Dec 2020 15:23:20

**Folder: Screening** 

Form: Medical History (7)

Generated On: 11 Aug 2021 22:01:53

Condition ongoing at study entry

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Yes (Y)'	Albert Garcia (b) (4) (b) (4)	22 Dec 2020 15:23:20

**Folder: Screening** 

Form: Medical History (7)

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	(b) (4) Albert Garcia (b) (4) (b) (4)	22 Dec 2020 15:23:20

**Folder: Screening** 

Form: Medical History (7)

Generated On: 11 Aug 2021 22:01:53

Stop date completely unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '0'	(b) (4) Albert Garcia (b) (4) (b) (4)	22 Dec 2020 15:23:20

**Folder: Screening** 

Form: Medical History (7)

Generated On: 11 Aug 2021 22:01:53

Start Month and Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered 'Jan 2020'	System	22 Dec 2020 15:23:20

**Folder: Screening** 

Form: Medical History (7)

Generated On: 11 Aug 2021 22:01:53

Start Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered '2020'	System	22 Dec 2020 15:23:20

**Folder: Screening** 

Form: Medical History (7)

Generated On: 11 Aug 2021 22:01:53

Stop Month and Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered empty.	System	22 Dec 2020 15:23:20

**Folder: Screening** 

Form: Medical History (7)

Generated On: 11 Aug 2021 22:01:53

Stop Year (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered empty.	System	22 Dec 2020 15:23:20

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53

Were vital signs assessed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Yes (Y)'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:18:46

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53 Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '10 Aug 2020'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:18:46

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53 Time of assessment (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '10:25'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:18:46

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered '10 Aug 2020 10:25'	System	10 Aug 2020 17:18:46

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53

Height (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '147.3' cm	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:18:46
DataPoint set to visible.	System	10 Aug 2020 14:34:32

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53

Weight (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '58.9' kg	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:18:46
DataPoint set to visible.	System	10 Aug 2020 14:34:32

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53

BMI (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
Amendment Manager: User entered '27.14625'	System	16 Sep 2020 23:49:38
User entered '27.1'	System	10 Aug 2020 17:18:46
DataPoint set to visible.	System	10 Aug 2020 14:34:32

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53

BMI units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered 'kg/m2'	System	10 Aug 2020 17:18:46
DataPoint set to visible.	System	10 Aug 2020 14:34:32

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53

Temperature (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User closed query 'Per CDM: As per CCG Pages 15-16, 'ND' should be entered in TEMPERATURE, PULSE, RESPIRATORY RATE, SYSTOLIC BP, and DIASTOLIC BP at Screening Visit. Please update accordingly.' (Site from DM).	(b) (4), (b) (6)	21 Sep 2020 17:28:14
Query 'Per CDM: As per CCG Pages 15-16, 'ND' should be entered in TEMPERATURE, PULSE, RESPIRATORY RATE, SYSTOLIC BP, and DIASTOLIC BP at Screening Visit. Please update accordingly.' answered with 'UPDATED' (Site from DM).	Albert Garcia (b) (4) (b) (4)	15 Sep 2020 20:51:47
User entered missing code ND - Not Done; reason for change Data Entry Error	orAlbert Garcia (b) (4) (b) (4)	15 Sep 2020 20:51:41
User opened query 'Per CDM: As per CCG Pages 15-16, 'ND' should be entered in TEMPERATURE, PULSE, RESPIRATORY RATE, SYSTOLIC BP, and DIASTOLIC BP at Screening Visit. Please update accordingly.' (Site from DM).	(b) (4), (b) (6)	15 Sep 2020 13:05:33
User entered '37.1' C	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:18:46

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53

Route of measurement

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty; reason for change Data Entry Error	Albert Garcia (b) (4) (b) (4)	15 Sep 2020 20:51:41
User entered 'Oral (Oral)'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:18:46

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53

If Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:18:46

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53

Pulse (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered missing code ND - Not Done; reason for		15 Sep 2020 20:51:41
change Data Entry Error	(b) (4)	
User entered '64'	Crystal Paccione (b) (4)	10 Aug 2020 17:18:46
	(b) (4)	

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53

Pulse units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered 'bpm'	System	10 Aug 2020 17:18:46

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53

Respiratory Rate (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered missing code ND - Not Done; reason for	rAlbert Garcia (b) (4)	15 Sep 2020 20:51:41
change Data Entry Error	(b) (4)	
User entered '16'	Crystal Paccione (b) (4)	10 Aug 2020 17:18:46
	(b) (4)	

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53

Respiratory Rate units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered 'breaths/min'	System	10 Aug 2020 17:18:46

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered missing code ND - Not Done; reason for		15 Sep 2020 20:51:41
change Data Entry Error	(b) (4)	
User entered '150'	Crystal Paccione (b) (4)	10 Aug 2020 17:18:46
	(b) (4)	

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53

Systolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered 'mmHg'	System	10 Aug 2020 17:18:46

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered missing code ND - Not Done; reason for		15 Sep 2020 20:51:41
change Data Entry Error	(b) (4)	
User entered '96'	Crystal Paccione (b) (4)	10 Aug 2020 17:18:46
	(b) (4)	

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53

Diastolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered 'mmHg'	System	10 Aug 2020 17:18:46

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53

Height (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46

Folder: Screening Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53

Weight (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46

**Folder: Screening** 

Form: Physical Examination

Generated On: 11 Aug 2021 22:01:53 Was the physical examination performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Yes (Y)'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:18:58

**Folder: Screening** 

Form: Physical Examination

Generated On: 11 Aug 2021 22:01:53 Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User closed query 'Screening Physical is not within 28 days of Visit 1. Please reconcile or confirm dates. (Site from System).	System	18 Sep 2020 18:52:23
Query 'Screening Physical is not within 28 days of Visit 1. Please reconcile or confirm dates.' answered by data change (Site from System).	System	18 Sep 2020 18:52:23
User closed query 'The Physical Examination Date is prior to the Screening Visit Date. Please review and reconcile.' (Site from System).	System	18 Sep 2020 18:52:23
User closed query 'The physical examination date is before the Date of Informed Consent. Please review and reconcile.' (Site from System).	System	18 Sep 2020 18:52:23
User entered '10 Aug 2020' reason for change: Data Entry Error	douglas winter (b) (4) (b) (4)	18 Sep 2020 18:52:23
User opened query 'The Physical Examination Date i prior to the Screening Visit Date. Please review and reconcile.' (Site from System).	sSystem	18 Sep 2020 18:52:19
User opened query 'The physical examination date is before the Date of Informed Consent. Please review and reconcile.' (Site from System).	System	18 Sep 2020 18:52:19
User opened query 'Screening Physical is not within 28 days of Visit 1. Please reconcile or confirm dates. (Site from System).		18 Sep 2020 18:52:19
User closed query 'The Physical Examination Date is prior to the Screening Visit Date. Please review and reconcile.' (Site from System).	System	18 Sep 2020 18:52:19
User entered '10 Jun 2020' reason for change: Data Entry Error	douglas winter (b) (4) (b) (4)	18 Sep 2020 18:52:19
Comment added 'SCREENING DATE AND PE DATE ARE THE SAME. PLEASE REMOVE THIS QUERY'.	Albert Garcia (b) (4)	15 Sep 2020 20:50:42
User opened query 'The Physical Examination Date i prior to the Screening Visit Date. Please review and reconcile.' (Site from System).	sSystem	14 Sep 2020 19:30:24
User entered '10 Aug 2020'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:18:58

PRODUCTION RELEASE (v12.003 EAB) (1725)

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**Folder: Screening** 

Form: Childbearing Potential

Generated On: 11 Aug 2021 22:01:53
Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '10 Aug 2020'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:19:58

**Folder: Screening** 

Form: Childbearing Potential

Generated On: 11 Aug 2021 22:01:53
Is the participant of childbearing potential?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'No (N)'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:19:58

**Folder: Screening** 

Form: Childbearing Potential

Generated On: 11 Aug 2021 22:01:53

If No, what is the reason?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User closed query 'Per DM CLR: Please review this condition as this is not recorded in MH eCRF.	(b) (4), (b) (6)	07 Sep 2020 08:56:52
Record this condition in MH eCRF as appropriate. '(Site from DM).		
Query 'Per DM CLR: Please review this condition as this is not recorded in MH eCRF. Record this	Amber Vasquez (b) (4) (b) (4)	01 Sep 2020 12:58:38
condition in MH eCRF as appropriate.  ' answered with 'MH Updated' (Site from DM).	(1) (1) (1) (2)	
User opened query 'Per DM CLR: Please review this condition as this is not recorded in MH eCRF.	(b) (4), (b) (6)	26 Aug 2020 07:21:15
Record this condition in MH eCRF as appropriate.		
' (Site from DM). User entered 'Post-menopausal (POST-MENOPAUSAL)'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:19:58

**Folder: Screening** 

Form: Childbearing Potential

Generated On: 11 Aug 2021 22:01:53
If Partner medically sterile or Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:19:58

**Folder: Screening** 

Form: Childbearing Potential

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:19:58

**Folder: Screening** 

Form: Childbearing Potential

Generated On: 11 Aug 2021 22:01:53

Date of surgery unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '0'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:19:58

**Folder: Screening** 

Form: Childbearing Potential

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:19:58

**Folder: Screening** 

Form: Childbearing Potential

Generated On: 11 Aug 2021 22:01:53

Date of last menstruation unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '1'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:19:58

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:01:53

**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 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'No (N)'	Jennifer Dittman (b) (4) (b) (4)	10 Aug 2020 15:33:49

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:01:53

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 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'No (N)'	Jennifer Dittman (b) (4) (b) (4)	10 Aug 2020 15:33:49

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:01:53

**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 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'No (N)'	Jennifer Dittman (b) (4) (b) (4)	10 Aug 2020 15:33:49

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:01:53

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 07:03:46
User signature succeeded.		19 Feb 2021 15:10:46
User entered 'No (N)'	(b) (4) Jennifer Dittman (b) (4)	10 Aug 2020 15:33:49
	(b) (4)	

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:01:53

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 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'No (N)'	Jennifer Dittman (b) (4) (b) (4)	10 Aug 2020 15:33:49

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:01:53

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 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'No (N)'	Jennifer Dittman (b) (4) (b) (4)	10 Aug 2020 15:33:49

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:01:53

**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 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'No (N)'	Jennifer Dittman (b) (4) (b) (4)	10 Aug 2020 15:33:49

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:01:53

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 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'No (N)'	Jennifer Dittman (b) (4) (b) (4)	10 Aug 2020 15:33:49

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:01:53

**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 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'No (N)'	Jennifer Dittman (b) (4) (b) (4)	10 Aug 2020 15:33:49

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:01:53

**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 07:03:46
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:10:46
User entered 'No (N)'	(b) (4) Jennifer Dittman (b) (4) (b) (4)	10 Aug 2020 15:33:49

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:01:53

**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 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User closed query 'Data is required. Please complete.' (Site from System).	System	20 Aug 2020 17:00:05
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	20 Aug 2020 17:00:05
User entered 'No (N)' reason for change: Data Entry Error	Amber Vasquez (b) (4) (b) (4)	20 Aug 2020 17:00:05
User opened query 'Data is required. Please complete.' (Site from System).	System	10 Aug 2020 15:33:49
User entered empty.	Jennifer Dittman (b) (4) (b) (4)	10 Aug 2020 15:33:49

**Folder: Screening** 

Form: Risk of Exposure

Generated On: 11 Aug 2021 22:01:53

Other

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Yes (Y)'	Jennifer Dittman (b) (4) (b) (4)	10 Aug 2020 15:33:49

Folder: Screening

Form: Risk of Exposure

Generated On: 11 Aug 2021 22:01:53

**Specify** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Retired'	(b) (4) Jennifer Dittman (b) (4) (b) (4)	10 Aug 2020 15:33:49

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:01:53

No Risk Identified

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '0'	Jennifer Dittman (b) (4) (b) (4)	10 Aug 2020 15:33:49

Folder: Screening
Form: Risk of Exposure

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	(b) (4)	19 Feb 2021 15:10:46
User entered '0'	Jennifer Dittman (b) (4) (b) (4)	10 Aug 2020 15:33:49

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '0'	Jennifer Dittman (b) (4) (b) (4)	10 Aug 2020 15:33:49

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:01:53

**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 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '0'	Jennifer Dittman (b) (4) (b) (4)	10 Aug 2020 15:33:49

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:01:53

**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 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '0'	Jennifer Dittman (b) (4) (b) (4)	10 Aug 2020 15:33:49

Folder: Screening Form: Risk of Exposure

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '1'	Jennifer Dittman (b) (4) (b) (4)	10 Aug 2020 15:33:49

Folder: Screening

Form: Risk of Exposure

Generated On: 11 Aug 2021 22:01:53

Other

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '0'	Jennifer Dittman (b) (4) (b) (4)	10 Aug 2020 15:33:49

Folder: Screening
Form: Risk of Exposure

Generated On: 11 Aug 2021 22:01:53

**Specify** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	(b) (4) Jennifer Dittman (b) (4) (b) (4)	10 Aug 2020 15:33:49

Folder: Visit 1 Day 1 Form: Visit Date

Generated On: 11 Aug 2021 22:01:53

Was this visit performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Yes (Y)'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:20:12

Folder: Visit 1 Day 1 Form: Visit Date

Generated On: 11 Aug 2021 22:01:53

Visit date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '10 Aug 2020'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:20:12

Folder: Visit 1 Day 1 Form: Visit Date

Generated On: 11 Aug 2021 22:01:53

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 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Clinic (Clinic)'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:20:12

Folder: Visit 1 Day 1 Form: Visit Date

Generated On: 11 Aug 2021 22:01:53

Folder OID

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered 'VISIT1'	System	10 Aug 2020 17:20:12

Folder: Visit 1 Day 1 Form: Randomization

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '10 AUG 2020'	RWS_ENDPOINT ENDPOINT (b) (4)	10 Aug 2020 14:49:34

Folder: Visit 1 Day 1 Form: Randomization

Generated On: 11 Aug 2021 22:01:53

What was the participant's randomization number?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
Amendment Manager: User closed query 'Data entered is non-conformant. Please correct.' (Site from System).	System	21 Aug 2020 03:14:24
Amendment Manager: Data point set to conformant.	System	21 Aug 2020 03:14:24
User opened query 'Data entered is non-conformant. Please correct.' (Site from System).	System	10 Aug 2020 14:49:34
User entered '185405' (non-conformant).	RWS_ENDPOINT (b) (4)	10 Aug 2020 14:49:34

Folder: Visit 1 Day 1 Form: Randomization

Generated On: 11 Aug 2021 22:01:53 In what Cohort was the participant enrolled?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '>=65 years (3)'	RWS_ENDPOINT ENDPOINT (b) (4)	10 Aug 2020 14:49:34

Folder: Visit 1 Day 1 Form: Randomization

Generated On: 11 Aug 2021 22:01:53

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 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'No (N)'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:20:29

Folder: Visit 1 Day 1
Form: Randomization

Generated On: 11 Aug 2021 22:01:53

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 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'No (N)'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:20:29

Folder: Visit 1 Day 1 Form: Randomization

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'No (N)'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:20:29

Folder: Visit 1 Day 1
Form: Randomization

Generated On: 11 Aug 2021 22:01:53 Diabetes (Type I, Type 2, or gestational)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'No (N)'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:20:29

Folder: Visit 1 Day 1
Form: Randomization

Generated On: 11 Aug 2021 22:01:53

Liver Disease

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'No (N)'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:20:29

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:01:53

Height

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User closed query 'Per CDM: Per CCGs data is required please review and update accordingly ' (Site from DM).	(b) (4), (b) (6)	22 Sep 2020 09:24:31
Query 'Per CDM: Per CCGs data is required please review and update accordingly 'answered with 'UPDATED' (Site from DM).	Albert Garcia (b) (4) (b) (4)	15 Sep 2020 20:51:13
User entered missing code ND - Not Done; reason for change Data Entry Error	rAlbert Garcia (b) (4) (b) (4)	15 Sep 2020 20:51:10
User opened query 'Per CDM: Per CCGs data is required please review and update accordingly ' (Site from DM).	(b) (4), (b) (6)	07 Sep 2020 08:55:45
User closed query "'Per CDM: Per CCGs pages 15-16, "Height and Weight" should be marked as "ND." Please review and update else clarify".' (Site from DM).	(b) (4), (b) (6)	07 Sep 2020 08:55:45
Query "Per CDM: Per CCGs pages 15-16, "Height and Weight" should be marked as "ND." Please review and update else clarify".' answered with 'ND' (Site from DM).	Amber Vasquez (b) (4) (b) (4)	01 Sep 2020 21:45:42
User entered empty; reason for change Data Entry Error	Amber Vasquez (b) (4) (b) (4)	01 Sep 2020 21:45:35
User opened query "'Per CDM: Per CCGs pages 15-16, "Height and Weight" should be marked as "ND." Please review and update else clarify".' (Site from DM).	(b) (4), (b) (6)	28 Aug 2020 18:07:13
User entered '147.3' cm	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:01:53

Weight

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User closed query 'Per CDM: Per CCGs data is required please review and update accordingly ' (Site from DM).	(b) (4), (b) (6)	22 Sep 2020 09:24:34
Query 'Per CDM: Per CCGs data is required please review and update accordingly 'answered with 'UPDATED' (Site from DM).	Albert Garcia (b) (4) (b) (4)	15 Sep 2020 20:51:16
User entered missing code ND - Not Done; reason fo change Data Entry Error	rAlbert Garcia (b) (4) (b) (4)	15 Sep 2020 20:51:10
User opened query 'Per CDM: Per CCGs data is required please review and update accordingly ' (Site from DM).	(b) (4), (b) (6)	07 Sep 2020 08:55:51
User closed query "Per CDM: Per CCGs pages 15-16, "Height and Weight" should be marked as "ND." Please review and update else clarify".' (Site from DM).	(b) (4), (b) (6)	07 Sep 2020 08:55:51
Query "Per CDM: Per CCGs pages 15-16, "Height and Weight" should be marked as "ND." Please review and update else clarify".' answered with 'ND' (Site from DM).	Amber Vasquez (b) (4) (b) (4)	01 Sep 2020 21:45:50
User entered empty; reason for change Data Entry Error	Amber Vasquez (b) (4) (b) (4)	01 Sep 2020 21:45:35
User opened query "'Per CDM: Per CCGs pages 15-16, "Height and Weight" should be marked as "ND." Please review and update else clarify".' (Site from DM).	(b) (4), (b) (6)	28 Aug 2020 18:07:20
User entered '58.9' kg	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:01:53

Height

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User closed query 'Per CDM: Per CCGs data is required please review and update accordingly ' (Site from DM).	(b) (4), (b) (6)	22 Sep 2020 09:24:31
Query 'Per CDM: Per CCGs data is required please review and update accordingly 'answered with 'UPDATED' (Site from DM).	Albert Garcia (b) (4) (b) (4)	15 Sep 2020 20:51:13
User entered missing code ND - Not Done; reason fo change Data Entry Error	rAlbert Garcia (b) (4) (b) (4)	15 Sep 2020 20:51:10
User opened query 'Per CDM: Per CCGs data is required please review and update accordingly ' (Site from DM).	(b) (4), (b) (6)	07 Sep 2020 08:55:45
User closed query "'Per CDM: Per CCGs pages 15-16, "Height and Weight" should be marked as "ND." Please review and update else clarify".' (Site from DM).	(b) (4), (b) (6)	07 Sep 2020 08:55:45
Query "Per CDM: Per CCGs pages 15-16, "Height and Weight" should be marked as "ND." Please review and update else clarify".' answered with 'ND' (Site from DM).	Amber Vasquez (b) (4) (b) (4)	01 Sep 2020 21:45:42
User entered empty; reason for change Data Entry Error	Amber Vasquez (b) (4) (b) (4)	01 Sep 2020 21:45:35
User opened query "'Per CDM: Per CCGs pages 15-16, "Height and Weight" should be marked as "ND." Please review and update else clarify".' (Site from DM).	(b) (4), (b) (6)	28 Aug 2020 18:07:13
User entered '147.3' cm	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:01:53

Weight

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User closed query 'Per CDM: Per CCGs data is required please review and update accordingly ' (Site from DM).	(b) (4), (b) (6)	22 Sep 2020 09:24:34
Query 'Per CDM: Per CCGs data is required please review and update accordingly 'answered with 'UPDATED' (Site from DM).	Albert Garcia (b) (4) (b) (4)	15 Sep 2020 20:51:16
User entered missing code ND - Not Done; reason for change Data Entry Error	orAlbert Garcia (b) (4) (b) (4)	15 Sep 2020 20:51:10
User opened query 'Per CDM: Per CCGs data is required please review and update accordingly ' (Site from DM).	(b) (4), (b) (6)	07 Sep 2020 08:55:51
User closed query "'Per CDM: Per CCGs pages 15-16, "Height and Weight" should be marked as "ND." Please review and update else clarify".' (Site from DM).	(b) (4), (b) (6)	07 Sep 2020 08:55:51
Query "Per CDM: Per CCGs pages 15-16, "Height and Weight" should be marked as "ND." Please review and update else clarify".' answered with 'ND' (Site from DM).	Amber Vasquez (b) (4) (b) (4)	01 Sep 2020 21:45:50
User entered empty; reason for change Data Entry Error	Amber Vasquez (b) (4) (b) (4)	01 Sep 2020 21:45:35
User opened query "'Per CDM: Per CCGs pages 15-16, "Height and Weight" should be marked as "ND." Please review and update else clarify".' (Site from DM).	(b) (4), (b) (6)	28 Aug 2020 18:07:20
User entered '58.9' kg	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:01:53

Timepoint

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User accepted default value 'Pre-Dose (PREDOSE)'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:01:53

Were vital signs assessed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Yes (Y)'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:01:53 Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '10 Aug 2020'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '10:25'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:01:53 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered '10 Aug 2020 10:25'	System	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:01:53

Temperature (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '37.1' C	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:01:53

Route of measurement

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Oral (Oral)'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:01:53

If Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:01:53

Pulse (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '64'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:01:53

Pulse units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered 'bpm'	System	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:01:53

Respiratory Rate (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '16'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:01:53

Respiratory Rate units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered 'breaths/min'	System	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:01:53

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '150'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:01:53

Systolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered 'mmHg'	System	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:01:53

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '96'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:01:53

Diastolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered 'mmHg'	System	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:01:53

Height

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User closed query 'Per CDM: Per CCGs data is required please review and update accordingly ' (Site from DM).	(b) (4), (b) (6)	22 Sep 2020 09:24:31
Query 'Per CDM: Per CCGs data is required please review and update accordingly 'answered with 'UPDATED' (Site from DM).	Albert Garcia (b) (4) (b) (4)	15 Sep 2020 20:51:13
User entered missing code ND - Not Done; reason for change Data Entry Error	rAlbert Garcia (b) (4) (b) (4)	15 Sep 2020 20:51:10
User opened query 'Per CDM: Per CCGs data is required please review and update accordingly ' (Site from DM).	(b) (4), (b) (6)	07 Sep 2020 08:55:45
User closed query "'Per CDM: Per CCGs pages 15-16, "Height and Weight" should be marked as "ND." Please review and update else clarify".' (Site from DM).	(b) (4), (b) (6)	07 Sep 2020 08:55:45
Query "Per CDM: Per CCGs pages 15-16, "Height and Weight" should be marked as "ND." Please review and update else clarify".' answered with 'ND' (Site from DM).	Amber Vasquez (b) (4) (b) (4)	01 Sep 2020 21:45:42
User entered empty; reason for change Data Entry Error	Amber Vasquez (b) (4) (b) (4)	01 Sep 2020 21:45:35
User opened query "'Per CDM: Per CCGs pages 15-16, "Height and Weight" should be marked as "ND." Please review and update else clarify".' (Site from DM).	(b) (4), (b) (6)	28 Aug 2020 18:07:13
User entered '147.3' cm	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:01:53

Weight

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User closed query 'Per CDM: Per CCGs data is required please review and update accordingly ' (Site from DM).	(b) (4), (b) (6)	22 Sep 2020 09:24:34
Query 'Per CDM: Per CCGs data is required please review and update accordingly 'answered with 'UPDATED' (Site from DM).	Albert Garcia (b) (4) (b) (4)	15 Sep 2020 20:51:16
User entered missing code ND - Not Done; reason fo change Data Entry Error	rAlbert Garcia (b) (4) (b) (4)	15 Sep 2020 20:51:10
User opened query 'Per CDM: Per CCGs data is required please review and update accordingly ' (Site from DM).	(b) (4), (b) (6)	07 Sep 2020 08:55:51
User closed query "'Per CDM: Per CCGs pages 15-16, "Height and Weight" should be marked as "ND." Please review and update else clarify".' (Site from DM).	(b) (4), (b) (6)	07 Sep 2020 08:55:51
Query "Per CDM: Per CCGs pages 15-16, "Height and Weight" should be marked as "ND." Please review and update else clarify".' answered with 'ND' (Site from DM).	Amber Vasquez (b) (4) (b) (4)	01 Sep 2020 21:45:50
User entered empty; reason for change Data Entry Error	Amber Vasquez (b) (4) (b) (4)	01 Sep 2020 21:45:35
User opened query "'Per CDM: Per CCGs pages 15-16, "Height and Weight" should be marked as "ND." Please review and update else clarify".' (Site from DM).	(b) (4), (b) (6)	28 Aug 2020 18:07:20
User entered '58.9' kg	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:01:53

Timepoint

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User accepted default value 'Post-Dose (POSTDOSE)'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:01:53

Were vital signs assessed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Yes (Y)'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:01:53
Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '10 Aug 2020'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User closed query 'Post-dose vital signs time is prior to or less than 60 minutes after the Dose Time. Please review and reconcile.' (Site from System).	( ) ( ) ( ) ( )	13 Aug 2020 07:56:58
Query 'Post-dose vital signs time is prior to or less than 60 minutes after the Dose Time. Please review and reconcile.' answered with 'Per protocol correct' (Site from System).	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:23:26
User opened query 'Post-dose vital signs time is prior to or less than 60 minutes after the Dose Time. Please review and reconcile.' (Site from System).	•	10 Aug 2020 17:23:10
User entered '11:55'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:01:53 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered '10 Aug 2020 11:55'	System	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:01:53

Temperature (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '36.0' C	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:01:53

Route of measurement

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Oral (Oral)'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:01:53

If Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:01:53

Pulse (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '54'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:01:53

Pulse units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered 'bpm'	System	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:01:53

Respiratory Rate (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '16'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:01:53

Respiratory Rate units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered 'breaths/min'	System	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:01:53

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '144'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:01:53

Systolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered 'mmHg'	System	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:01:53

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	(b) (4)	19 Feb 2021 15:10:46
User entered '93'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:01:53

Diastolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered 'mmHg'	System	10 Aug 2020 17:23:10

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 11 Aug 2021 22:01:53 Was the physical examination performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Yes (Y)'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:25:04

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 11 Aug 2021 22:01:53 Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '10 Aug 2020'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:25:04

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 22:01:53

Was study treatment given?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Yes (Y)'	Jennifer Dittman (b) (4) (b) (4)	10 Aug 2020 15:34:43

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 22:01:53

If No, reason not given

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Jennifer Dittman (b) (4) (b) (4)	10 Aug 2020 15:34:43

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 22:01:53

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 17:40:10
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:10:46
User entered empty.	(b) (4) Jennifer Dittman (b) (4)	10 Aug 2020 15:34:43
	(b) (4)	

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 22:01:53

What was the study treatment?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered 'MRNA-1273 OR PLACEBO'	System	10 Aug 2020 15:34:43

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 22:01:53 What was the treatment date? (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '10 Aug 2020'	Jennifer Dittman (b) (4) (b) (4)	10 Aug 2020 15:34:43

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 22:01:53 What was the treatment time? (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '11:18'	Jennifer Dittman (b) (4) (b) (4)	10 Aug 2020 15:34:43

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 22:01:53 Treatment Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered '10 Aug 2020 11:18'	System	10 Aug 2020 15:34:43

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 22:01:53 Which arm was used to give treatment?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Left Arm (LEFT ARM)'	Jennifer Dittman (b) (4) (b) (4)	10 Aug 2020 15:34:43

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 22:01:53

What was the frequency of the study treatment dosing?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered 'ONCE'	System	10 Aug 2020 15:34:43

Folder: Visit 1 Day 1 Form: Exposure

Generated On: 11 Aug 2021 22:01:53

What was the route of administration for the study treatment?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered 'INTRAMUSCULAR'	System	10 Aug 2020 15:34:43

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:01:53

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Yes (Y)'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:23:59

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:01:53

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '10 Aug 2020'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:23:59

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:01:53

Collection time (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '10:53'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:23:59

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:01:53 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered '10 Aug 2020 10:53'	System	10 Aug 2020 17:23:59

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 11 Aug 2021 22:01:53

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '10 Aug 2020'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:24:21

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 11 Aug 2021 22:01:53

Lab Test

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User accepted default value 'Nasopharyngeal Swab 1 (NASAL1)'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:24:21

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 11 Aug 2021 22:01:53

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Yes (Y)'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:24:21

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 11 Aug 2021 22:01:53

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '10:54'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:24:21

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 11 Aug 2021 22:01:53 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered '10 Aug 2020 10:54'	System	10 Aug 2020 17:24:21

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 11 Aug 2021 22:01:53

Lab Test

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User accepted default value 'Nasopharyngeal Swab 2 (NASAL2)'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:24:21

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 11 Aug 2021 22:01:53

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'No (N)'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:24:21

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 11 Aug 2021 22:01:53

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:24:21

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 11 Aug 2021 22:01:53 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered empty.	System	10 Aug 2020 17:24:21

Folder: Visit 1 Day 1
Form: Continuing

Generated On: 11 Aug 2021 22:01:53
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	(b) (4)	19 Feb 2021 15:10:46
User entered 'Yes (Y)'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:24:27

Folder: Visit 1 Day 1 Form: Continuing

Generated On: 11 Aug 2021 22:01:53

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered '1'	System	10 Aug 2020 17:24:27

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

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked.	System	10 Aug 2020 15:34:43
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

Was TEMPERATURE taken?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-10T11:46:53', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'cb8a3cea-1f6b-408b-868d-602074336725'	System	10 Aug 2020 15:47:23
User entered 'Yes (Y)'	System	10 Aug 2020 15:47:23

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

Generated On: 11 Aug 2021 22:01:53
Please record your TEMPERATURE in °F

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-10T11:47:05', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'cb8a3cea-1f6b-408b-868d-602074336725'	System	10 Aug 2020 15:47:23
User entered '98.4'	System	10 Aug 2020 15:47:23

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

Generated On: 11 Aug 2021 22:01:53

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-10T11:47:09', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'cb8a3cea-1f6b-408b-868d-602074336725'	System	10 Aug 2020 15:47:23
User entered 'No (N)'	System	10 Aug 2020 15:47:23

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

Generated On: 11 Aug 2021 22:01:53

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-10T11:47:19', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'cb8a3cea-1f6b-408b-868d-602074336725'	System	10 Aug 2020 15:47:23
User entered '10 Aug 2020 11:47'	System	10 Aug 2020 15:47:23

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

Generated On: 11 Aug 2021 22:01:53

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '10 Aug 2020 11:38'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '10 Aug 2020 14:08'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked.	System	10 Aug 2020 15:34:43
User entered 'Day 1, after vaccination (at home)'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-10T15:44:42', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'bf1ad022-6262-4cca-abd1-c826aee45809'	System	10 Aug 2020 19:45:06
User entered 'Yes (Y)'	System	10 Aug 2020 19:45:06

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

Generated On: 11 Aug 2021 22:01:53
Please record your TEMPERATURE in °F

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-10T15:44:49', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'bf1ad022-6262-4cca-abd1-c826aee45809'	System	10 Aug 2020 19:45:06
User entered '96.0'	System	10 Aug 2020 19:45:06

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

Generated On: 11 Aug 2021 22:01:53

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-10T15:44:52', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'bf1ad022-6262-4cca-abd1-c826aee45809'	System	10 Aug 2020 19:45:06
User entered 'No (N)'	System	10 Aug 2020 19:45:06

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

Generated On: 11 Aug 2021 22:01:53

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-10T15:45:03', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'bf1ad022-6262-4cca-abd1-c826aee45809'	System	10 Aug 2020 19:45:06
User entered '10 Aug 2020 15:45'	System	10 Aug 2020 19:45:06

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

Generated On: 11 Aug 2021 22:01:53

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '10 Aug 2020 15:03'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '11 Aug 2020 11:59'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked.	System	10 Aug 2020 15:34:43
User entered 'Day 2'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

Was TEMPERATURE taken?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-11T14:19:28', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'cc6229e6-b4cf-4b01-a98d-48e003ce8f29'	System	11 Aug 2020 18:20:08
User entered 'Yes (Y)'	System	11 Aug 2020 18:20:08

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

Generated On: 11 Aug 2021 22:01:53
Please record your TEMPERATURE in °F

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-11T14:19:36', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'cc6229e6-b4cf-4b01-a98d-48e003ce8f29'	System	11 Aug 2020 18:20:08
User entered '97.0'	System	11 Aug 2020 18:20:08

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

Generated On: 11 Aug 2021 22:01:53

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-11T14:19:45', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'cc6229e6-b4cf-4b01-a98d-48e003ce8f29'	System	11 Aug 2020 18:20:08
User entered 'Yes (Y)'	System	11 Aug 2020 18:20:08

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

Generated On: 11 Aug 2021 22:01:53

To TREAT pain or fever that has already occurred

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
	(1) (1) (2)	
User closed query 'Per the participant response,	(b) (4), (b) (6)	07 Sep 2020 08:57:30
medication was taken to treat pain or fever. Please		
confirm the participant was contacted to determine		
the medication details and record on the concomitant		
medication pages. Thank you.' (Site from System).		
Query 'Per the participant response, medication was	Amber Vasquez (b) (4)	01 Sep 2020 21:47:49
taken to treat pain or fever. Please confirm the	(b) (4)	
participant was contacted to determine the		
medication details and record on the concomitant		
medication pages. Thank you.' answered with		
'PATIENT WAS CONTACTED' (Site from System).		
User opened query 'Per the participant response,	System	11 Aug 2020 18:20:08
medication was taken to treat pain or fever. Please		
confirm the participant was contacted to determine		
the medication details and record on the concomitant		
medication pages. Thank you.' (Site from System).		
External Audit Record. Reason for change: 'Not	System	11 Aug 2020 18:20:08
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2020-08-11T14:19:56', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: 'cc6229e6-b4cf-4b01-a98d-48e003ce8f29'		
User entered '1'	System	11 Aug 2020 18:20:08

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

Generated On: 11 Aug 2021 22:01:53
To PREVENT pain or fever from occurring

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-11T14:19:56', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'cc6229e6-b4cf-4b01-a98d-48e003ce8f29'	System	11 Aug 2020 18:20:08
User entered '0'	System	11 Aug 2020 18:20:08

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

Generated On: 11 Aug 2021 22:01:53

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-11T14:20:04', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'cc6229e6-b4cf-4b01-a98d-48e003ce8f29'	System	11 Aug 2020 18:20:08
User entered '11 Aug 2020 14:20'	System	11 Aug 2020 18:20:08

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

Generated On: 11 Aug 2021 22:01:53

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '11 Aug 2020 12:00'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '12 Aug 2020 11:59'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked.	System	10 Aug 2020 15:34:43
User entered 'Day 3'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

Was TEMPERATURE taken?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-12T12:04:38', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '7376ea9f-da29-49ff-ae27-002a87bd3711'	System	12 Aug 2020 16:04:59
User entered 'Yes (Y)'	System	12 Aug 2020 16:04:59

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

Generated On: 11 Aug 2021 22:01:53
Please record your TEMPERATURE in °F

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-12T12:04:45', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '7376ea9f-da29-49ff-ae27-002a87bd3711'	System	12 Aug 2020 16:04:59
User entered '97.4'	System	12 Aug 2020 16:04:59

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

Generated On: 11 Aug 2021 22:01:53

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-12T12:04:50', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '7376ea9f-da29-49ff-ae27-002a87bd3711'	System	12 Aug 2020 16:04:59
User entered 'No (N)'	System	12 Aug 2020 16:04:59

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

Generated On: 11 Aug 2021 22:01:53

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-12T12:04:55', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '7376ea9f-da29-49ff-ae27-002a87bd3711'	System	12 Aug 2020 16:04:59
User entered '12 Aug 2020 12:04'	System	12 Aug 2020 16:04:59

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

Generated On: 11 Aug 2021 22:01:53

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '12 Aug 2020 12:00'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '13 Aug 2020 11:59'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked. User entered 'Day 4'	System System	10 Aug 2020 15:34:43 10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

Was TEMPERATURE taken?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-13T13:14:21', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'da519624-430a-4af3-9394-0ee22b7b1574'	System	13 Aug 2020 17:14:39
User entered 'Yes (Y)'	System	13 Aug 2020 17:14:39

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

Generated On: 11 Aug 2021 22:01:53
Please record your TEMPERATURE in °F

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-13T13:14:27', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'da519624-430a-4af3-9394-0ee22b7b1574'	System	13 Aug 2020 17:14:39
User entered '97.4'	System	13 Aug 2020 17:14:39

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

Generated On: 11 Aug 2021 22:01:53

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-13T13:14:32', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'da519624-430a-4af3-9394-0ee22b7b1574'	System	13 Aug 2020 17:14:39
User entered 'No (N)'	System	13 Aug 2020 17:14:39

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

Generated On: 11 Aug 2021 22:01:53

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-13T13:14:38', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'da519624-430a-4af3-9394-0ee22b7b1574'	System	13 Aug 2020 17:14:39
User entered '13 Aug 2020 13:14'	System	13 Aug 2020 17:14:39

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

Generated On: 11 Aug 2021 22:01:53

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '13 Aug 2020 12:00'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '14 Aug 2020 11:59'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked.	System	10 Aug 2020 15:34:43
User entered 'Day 5'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-14T16:42:12', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '52a9f6d8-aefe-4bda-8042-05984f080974'	System	14 Aug 2020 20:42:34
User entered 'Yes (Y)'	System	14 Aug 2020 20:42:34

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

Generated On: 11 Aug 2021 22:01:53
Please record your TEMPERATURE in °F

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-14T16:42:22', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '52a9f6d8-aefe-4bda-8042-05984f080974'	System	14 Aug 2020 20:42:34
User entered '97.8'	System	14 Aug 2020 20:42:34

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

Generated On: 11 Aug 2021 22:01:53

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-14T16:42:25', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '52a9f6d8-aefe-4bda-8042-05984f080974'	System	14 Aug 2020 20:42:34
User entered 'No (N)'	System	14 Aug 2020 20:42:34

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

Generated On: 11 Aug 2021 22:01:53

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-14T16:42:28', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '52a9f6d8-aefe-4bda-8042-05984f080974'	System	14 Aug 2020 20:42:34
User entered '14 Aug 2020 16:42'	System	14 Aug 2020 20:42:34

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

Generated On: 11 Aug 2021 22:01:53

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '14 Aug 2020 12:00'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '15 Aug 2020 11:59'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked.	System	10 Aug 2020 15:34:43
User entered 'Day 6'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

Was TEMPERATURE taken?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-16T08:31:13', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '728d82ce-e4a4-460c-a2f2-46707defa155'	System	16 Aug 2020 12:31:28
User entered 'Yes (Y)'	System	16 Aug 2020 12:31:28

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

Generated On: 11 Aug 2021 22:01:53
Please record your TEMPERATURE in °F

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-16T08:31:20', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '728d82ce-e4a4-460c-a2f2-46707defa155'	System	16 Aug 2020 12:31:28
User entered '96.2'	System	16 Aug 2020 12:31:28

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

Generated On: 11 Aug 2021 22:01:53

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-16T08:31:23', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '728d82ce-e4a4-460c-a2f2-46707defa155'	System	16 Aug 2020 12:31:28
User entered 'No (N)'	System	16 Aug 2020 12:31:28

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

Generated On: 11 Aug 2021 22:01:53

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-16T08:31:27', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '728d82ce-e4a4-460c-a2f2-46707defa155'	System	16 Aug 2020 12:31:28
User entered '16 Aug 2020 08:31'	System	16 Aug 2020 12:31:28

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

Generated On: 11 Aug 2021 22:01:53

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '15 Aug 2020 12:00'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '16 Aug 2020 11:59'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked.	System	10 Aug 2020 15:34:43
User entered 'Day 7'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

Was TEMPERATURE taken?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-16T12:26:20', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'b641d9c8-36d2-409e-9889-c58f77c728f8'	System	16 Aug 2020 16:26:33
User entered 'Yes (Y)'	System	16 Aug 2020 16:26:33

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

Generated On: 11 Aug 2021 22:01:53
Please record your TEMPERATURE in °F

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-16T12:26:25', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'b641d9c8-36d2-409e-9889-c58f77c728f8'	System	16 Aug 2020 16:26:33
User entered '97.5'	System	16 Aug 2020 16:26:33

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

Generated On: 11 Aug 2021 22:01:53

Was any MEDICATION TAKEN today for pain or fever?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-16T12:26:28', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'b641d9c8-36d2-409e-9889-c58f77c728f8'	System	16 Aug 2020 16:26:33
User entered 'No (N)'	System	16 Aug 2020 16:26:33

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

Generated On: 11 Aug 2021 22:01:53

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-16T12:26:32', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'b641d9c8-36d2-409e-9889-c58f77c728f8'	System	16 Aug 2020 16:26:33
User entered '16 Aug 2020 12:26'	System	16 Aug 2020 16:26:33

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

Generated On: 11 Aug 2021 22:01:53

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '16 Aug 2020 12:00'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '17 Aug 2020 11:59'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked.	System	10 Aug 2020 15:34:43
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53
Please record - PAIN AT INJECTION SITE.

riease record - LAIN AT INJECTION

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice	System	10 Aug 2020 15:48:01
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2020-08-10T11:47:29', User OID:		
'PatientReportedOutcome (US3222061)', ODM File OID: 'efdd6cb6-f73e-49b6-b3d5-60759deb7a7d'		
User entered 'None (1)'	System	10 Aug 2020 15:48:01

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

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-10T11:47:35', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'efdd6cb6-f73e-49b6-b3d5-60759deb7a7d'	System	10 Aug 2020 15:48:01
User entered 'No (N)'	System	10 Aug 2020 15:48:01

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

Generated On: 11 Aug 2021 22:01:53

Is there any SWELLING/HARDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-10T11:47:40', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'efdd6cb6-f73e-49b6-b3d5-60759deb7a7d'	System	10 Aug 2020 15:48:01
User entered 'No (N)'	System	10 Aug 2020 15:48:01

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

Generated On: 11 Aug 2021 22:01:53

Please record - UNDERARM GLAND SWELLING OR TENDERNESS.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-10T11:47:46', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'efdd6cb6-f73e-49b6-b3d5-60759deb7a7d'	System	10 Aug 2020 15:48:01
User entered 'None (1)'	System	10 Aug 2020 15:48:01

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

Generated On: 11 Aug 2021 22:01:53

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-10T11:47:53', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'efdd6cb6-f73e-49b6-b3d5-60759deb7a7d'	System	10 Aug 2020 15:48:01
User entered '10 Aug 2020 11:47'	System	10 Aug 2020 15:48:01

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

Generated On: 11 Aug 2021 22:01:53

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '10 Aug 2020 11:38'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '10 Aug 2020 14:08'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked. User entered 'Day 1, after vaccination (at home)'	System System	10 Aug 2020 15:34:43 10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

Please record - PAIN AT INJECTION SITE.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice	System	10 Aug 2020 19:45:35
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2020-08-10T15:45:12', User OID: 'PatientReportedOutcome (US3222061)', ODM File		
OID: '7ac920b0-b84f-4f5f-90ef-d9b5dc035a13' User entered 'None (1)'	System	10 Aug 2020 19:45:35

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

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-10T15:45:21', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '7ac920b0-b84f-4f5f-90ef-d9b5dc035a13'	System	10 Aug 2020 19:45:35
User entered 'No (N)'	System	10 Aug 2020 19:45:35

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

Generated On: 11 Aug 2021 22:01:53

Is there any SWELLING/HARDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-10T15:45:25', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '7ac920b0-b84f-4f5f-90ef-d9b5dc035a13'	System	10 Aug 2020 19:45:35
User entered 'No (N)'	System	10 Aug 2020 19:45:35

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

Generated On: 11 Aug 2021 22:01:53

Please record - UNDERARM GLAND SWELLING OR TENDERNESS.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-10T15:45:28', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '7ac920b0-b84f-4f5f-90ef-d9b5dc035a13'	System	10 Aug 2020 19:45:35
User entered 'None (1)'	System	10 Aug 2020 19:45:35

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

Generated On: 11 Aug 2021 22:01:53

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-10T15:45:34', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '7ac920b0-b84f-4f5f-90ef-d9b5dc035a13'	System	10 Aug 2020 19:45:35
User entered '10 Aug 2020 15:45'	System	10 Aug 2020 19:45:35

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

Generated On: 11 Aug 2021 22:01:53

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '10 Aug 2020 15:03'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '11 Aug 2020 11:59'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked.	System	10 Aug 2020 15:34:43
User entered 'Day 2'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53
Please record - PAIN AT INJECTION SITE.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Enternal Andia December of the chance Net	Courtour	11
External Audit Record. Reason for change: 'Not	System	11 Aug 2020 18:20:51
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2020-08-11T14:20:20', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '804a447b-a1aa-451d-8c2f-bc8a20e8b510'	_	
User entered 'Does not interfere with activity (2)'	System	11 Aug 2020 18:20:51

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

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-11T14:20:27', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '804a447b-a1aa-451d-8c2f-bc8a20e8b510'	System	11 Aug 2020 18:20:51
User entered 'No (N)'	System	11 Aug 2020 18:20:51

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

Generated On: 11 Aug 2021 22:01:53

Is there any SWELLING/HARDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-11T14:20:34', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '804a447b-a1aa-451d-8c2f-bc8a20e8b510'	System	11 Aug 2020 18:20:51
User entered 'No (N)'	System	11 Aug 2020 18:20:51

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

Generated On: 11 Aug 2021 22:01:53

Please record - UNDERARM GLAND SWELLING OR TENDERNESS.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-11T14:20:40', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '804a447b-a1aa-451d-8c2f-bc8a20e8b510'	System	11 Aug 2020 18:20:51
User entered 'None (1)'	System	11 Aug 2020 18:20:51

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

Generated On: 11 Aug 2021 22:01:53

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-11T14:20:47', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '804a447b-a1aa-451d-8c2f-bc8a20e8b510'	System	11 Aug 2020 18:20:51
User entered '11 Aug 2020 14:20'	System	11 Aug 2020 18:20:51

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

Generated On: 11 Aug 2021 22:01:53

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '11 Aug 2020 12:00'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '12 Aug 2020 11:59'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked.	System	10 Aug 2020 15:34:43
User entered 'Day 3'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53 Please record - PAIN AT INJECTION SITE.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-12T12:05:16', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '8f77de8d-df8b-43d1-bdb2-ad467665bc6f'	System	12 Aug 2020 16:05:38
User entered 'None (1)'	System	12 Aug 2020 16:05:38

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

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-12T12:05:19', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '8f77de8d-df8b-43d1-bdb2-ad467665bc6f'	System	12 Aug 2020 16:05:38
User entered 'No (N)'	System	12 Aug 2020 16:05:38

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

Generated On: 11 Aug 2021 22:01:53

Is there any SWELLING/HARDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-12T12:05:24', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '8f77de8d-df8b-43d1-bdb2-ad467665bc6f'	System	12 Aug 2020 16:05:38
User entered 'No (N)'	System	12 Aug 2020 16:05:38

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

Generated On: 11 Aug 2021 22:01:53

Please record - UNDERARM GLAND SWELLING OR TENDERNESS.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-12T12:05:29', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '8f77de8d-df8b-43d1-bdb2-ad467665bc6f'	System	12 Aug 2020 16:05:38
User entered 'None (1)'	System	12 Aug 2020 16:05:38

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

Generated On: 11 Aug 2021 22:01:53

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-12T12:05:36', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '8f77de8d-df8b-43d1-bdb2-ad467665bc6f'	System	12 Aug 2020 16:05:38
User entered '12 Aug 2020 12:05'	System	12 Aug 2020 16:05:38

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

Generated On: 11 Aug 2021 22:01:53

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '12 Aug 2020 12:00'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '13 Aug 2020 11:59'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked.	System	10 Aug 2020 15:34:43
User entered 'Day 4'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53
Please record - PAIN AT INJECTION SITE.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
		12 1 2020 17 15 04
External Audit Record. Reason for change: 'Not	System	13 Aug 2020 17:15:04
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2020-08-13T13:14:42', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: 'ebe5c670-9305-4cd7-8310-f006ad2aefbd'		
User entered 'None (1)'	System	13 Aug 2020 17:15:04

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

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-13T13:14:46', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'ebe5c670-9305-4cd7-8310-f006ad2aefbd'	System	13 Aug 2020 17:15:04
User entered 'No (N)'	System	13 Aug 2020 17:15:04

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

Generated On: 11 Aug 2021 22:01:53

Is there any SWELLING/HARDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not	System	13 Aug 2020 17:15:04
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-13T13:14:48', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: 'ebe5c670-9305-4cd7-8310-f006ad2aefbd'		
User entered 'No (N)'	System	13 Aug 2020 17:15:04

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

Generated On: 11 Aug 2021 22:01:53

Please record - UNDERARM GLAND SWELLING OR TENDERNESS.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-13T13:14:56', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'ebe5c670-9305-4cd7-8310-f006ad2aefbd'	System	13 Aug 2020 17:15:04
User entered 'None (1)'	System	13 Aug 2020 17:15:04

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

Generated On: 11 Aug 2021 22:01:53

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-13T13:15:01', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'ebe5c670-9305-4cd7-8310-f006ad2aefbd'	System	13 Aug 2020 17:15:04
User entered '13 Aug 2020 13:15'	System	13 Aug 2020 17:15:04

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

Generated On: 11 Aug 2021 22:01:53

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '13 Aug 2020 12:00'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '14 Aug 2020 11:59'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked.	System	10 Aug 2020 15:34:43
User entered 'Day 5'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53
Please record - PAIN AT INJECTION SITE.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-14T16:42:32', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'ff8763c9-bdf1-4bf5-801d-5362ba6925d1'	System	14 Aug 2020 20:43:01
User entered 'None (1)'	System	14 Aug 2020 20:43:01

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

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-14T16:42:35', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'ff8763c9-bdf1-4bf5-801d-5362ba6925d1'	System	14 Aug 2020 20:43:01
User entered 'No (N)'	System	14 Aug 2020 20:43:01

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

Generated On: 11 Aug 2021 22:01:53

Is there any SWELLING/HARDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-14T16:42:39', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'ff8763c9-bdf1-4bf5-801d-5362ba6925d1'	System	14 Aug 2020 20:43:01
User entered 'No (N)'	System	14 Aug 2020 20:43:01

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

Generated On: 11 Aug 2021 22:01:53

Please record - UNDERARM GLAND SWELLING OR TENDERNESS.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice	System	14 Aug 2020 20:43:01
(6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-14T16:42:46', User OID:		
'PatientReportedOutcome (US3222061)', ODM File OID: 'ff8763c9-bdf1-4bf5-801d-5362ba6925d1'		
User entered 'None (1)'	System	14 Aug 2020 20:43:01

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

Generated On: 11 Aug 2021 22:01:53

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-14T16:42:57', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'ff8763c9-bdf1-4bf5-801d-5362ba6925d1'	System	14 Aug 2020 20:43:01
User entered '14 Aug 2020 16:42'	System	14 Aug 2020 20:43:01

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

Generated On: 11 Aug 2021 22:01:53

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '14 Aug 2020 12:00'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '15 Aug 2020 11:59'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked.	System	10 Aug 2020 15:34:43
User entered 'Day 6'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53
Please record - PAIN AT INJECTION SITE.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-16T08:31:31', User OID:	System	16 Aug 2020 12:31:52
'PatientReportedOutcome (US3222061)', ODM File OID: 'f5a43105-4373-49ea-9f78-95f563f4fe01'		
User entered 'None (1)'	System	16 Aug 2020 12:31:52

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

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-16T08:31:36', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'f5a43105-4373-49ea-9f78-95f563f4fe01'	System	16 Aug 2020 12:31:52
User entered 'No (N)'	System	16 Aug 2020 12:31:52

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

Generated On: 11 Aug 2021 22:01:53

Is there any SWELLING/HARDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-16T08:31:41', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'f5a43105-4373-49ea-9f78-95f563f4fe01'	System	16 Aug 2020 12:31:52
User entered 'No (N)'	System	16 Aug 2020 12:31:52

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

Generated On: 11 Aug 2021 22:01:53

Please record - UNDERARM GLAND SWELLING OR TENDERNESS.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-16T08:31:45', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'f5a43105-4373-49ea-9f78-95f563f4fe01'	System	16 Aug 2020 12:31:52
User entered 'None (1)'	System	16 Aug 2020 12:31:52

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

Generated On: 11 Aug 2021 22:01:53

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-16T08:31:51', User OID: 'PatientReportedOutcome (US3222061)', ODM File	System	16 Aug 2020 12:31:52
OID: 'f5a43105-4373-49ea-9f78-95f563f4fe01' User entered '16 Aug 2020 08:31'	System	16 Aug 2020 12:31:52

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

Generated On: 11 Aug 2021 22:01:53

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '15 Aug 2020 12:00'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '16 Aug 2020 11:59'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked.	System	10 Aug 2020 15:34:43
User entered 'Day 7'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53
Please record - PAIN AT INJECTION SITE.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-16T12:26:37', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '07a8ef18-10cc-4ef9-96ec-57c7f4dc0e35'	System	16 Aug 2020 16:26:58
User entered 'None (1)'	System	16 Aug 2020 16:26:58

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

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-16T12:26:40', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '07a8ef18-10cc-4ef9-96ec-57c7f4dc0e35'	System	16 Aug 2020 16:26:58
User entered 'No (N)'	System	16 Aug 2020 16:26:58

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

Generated On: 11 Aug 2021 22:01:53

Is there any SWELLING/HARDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-16T12:26:44', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '07a8ef18-10cc-4ef9-96ec-57c7f4dc0e35'	System	16 Aug 2020 16:26:58
User entered 'No (N)'	System	16 Aug 2020 16:26:58

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

Generated On: 11 Aug 2021 22:01:53

Please record - UNDERARM GLAND SWELLING OR TENDERNESS.

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-16T12:26:49', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '07a8ef18-10cc-4ef9-96ec-57c7f4dc0e35'	System	16 Aug 2020 16:26:58
User entered 'None (1)'	System	16 Aug 2020 16:26:58

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

Generated On: 11 Aug 2021 22:01:53

PC Time Stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-16T12:26:55', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '07a8ef18-10cc-4ef9-96ec-57c7f4dc0e35'	System	16 Aug 2020 16:26:58
User entered '16 Aug 2020 12:26'	System	16 Aug 2020 16:26:58

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

Generated On: 11 Aug 2021 22:01:53

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '16 Aug 2020 12:00'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '17 Aug 2020 11:59'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked.	System	10 Aug 2020 15:34:43
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

HEADACHE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-10T11:48:04', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '13da631b-909a-4910-97a0-268faf70c2e8'	System	10 Aug 2020 15:48:40
User entered 'None (0)'	System	10 Aug 2020 15:48:40

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

Generated On: 11 Aug 2021 22:01:53

**FATIGUE** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-10T11:48:07', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '13da631b-909a-4910-97a0-268faf70c2e8'	System	10 Aug 2020 15:48:40
User entered 'None (0)'	System	10 Aug 2020 15:48:40

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

Generated On: 11 Aug 2021 22:01:53 MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-10T11:48:13', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '13da631b-909a-4910-97a0-268faf70c2e8'	System	10 Aug 2020 15:48:40
User entered 'None (0)'	System	10 Aug 2020 15:48:40

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

Generated On: 11 Aug 2021 22:01:53
JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-10T11:48:21', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '13da631b-909a-4910-97a0-268faf70c2e8'	System	10 Aug 2020 15:48:40
User entered 'None (0)'	System	10 Aug 2020 15:48:40

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

Generated On: 11 Aug 2021 22:01:53

**NAUSEA/VOMITING** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-10T11:48:24', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '13da631b-909a-4910-97a0-268faf70c2e8'	System	10 Aug 2020 15:48:40
User entered 'None (0)'	System	10 Aug 2020 15:48:40

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

Generated On: 11 Aug 2021 22:01:53

**CHILLS** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-10T11:48:26', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '13da631b-909a-4910-97a0-268faf70c2e8'	System	10 Aug 2020 15:48:40
User entered 'None (0)'	System	10 Aug 2020 15:48:40

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

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-10T11:48:32', User OID: 'PatientReportedOutcome (US3222061)', ODM File	System	10 Aug 2020 15:48:40
OID: '13da631b-909a-4910-97a0-268faf70c2e8' User entered 'No (N)'	System	10 Aug 2020 15:48:40

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

Generated On: 11 Aug 2021 22:01:53

PC Time stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-10T11:48:35', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '13da631b-909a-4910-97a0-268faf70c2e8'	System	10 Aug 2020 15:48:40
User entered '10 Aug 2020 11:48'	System	10 Aug 2020 15:48:40

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

Generated On: 11 Aug 2021 22:01:53

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '10 Aug 2020 11:38'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '10 Aug 2020 14:08'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked. User entered 'Day 1, after vaccination (at home)'	System System	10 Aug 2020 15:34:43 10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

HEADACHE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-10T15:45:40', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'f11e8188-6e1d-4031-8355-9dd34167abc3'	System	10 Aug 2020 19:46:10
User entered 'None (0)'	System	10 Aug 2020 19:46:10

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

Generated On: 11 Aug 2021 22:01:53

**FATIGUE** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-10T15:45:45', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'f11e8188-6e1d-4031-8355-9dd34167abc3'	System	10 Aug 2020 19:46:10
User entered 'None (0)'	System	10 Aug 2020 19:46:10

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

Generated On: 11 Aug 2021 22:01:53 MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-10T15:45:48', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'f11e8188-6e1d-4031-8355-9dd34167abc3'	System	10 Aug 2020 19:46:10
User entered 'None (0)'	System	10 Aug 2020 19:46:10

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

Generated On: 11 Aug 2021 22:01:53
JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-10T15:45:51', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'f11e8188-6e1d-4031-8355-9dd34167abc3'	System	10 Aug 2020 19:46:10
User entered 'None (0)'	System	10 Aug 2020 19:46:10

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

Generated On: 11 Aug 2021 22:01:53

**NAUSEA/VOMITING** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-10T15:45:53', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'f11e8188-6e1d-4031-8355-9dd34167abc3'	System	10 Aug 2020 19:46:10
User entered 'None (0)'	System	10 Aug 2020 19:46:10

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

Generated On: 11 Aug 2021 22:01:53

**CHILLS** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-10T15:45:56', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'f11e8188-6e1d-4031-8355-9dd34167abc3'	System	10 Aug 2020 19:46:10
User entered 'None (0)'	System	10 Aug 2020 19:46:10

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

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-10T15:46:00', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'f11e8188-6e1d-4031-8355-9dd34167abc3'	System	10 Aug 2020 19:46:10
User entered 'No (N)'	System	10 Aug 2020 19:46:10

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

Generated On: 11 Aug 2021 22:01:53

PC Time stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-10T15:46:08', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'F11-8188-6-1d-4031-8255-04434167aba3'	System	10 Aug 2020 19:46:10
OID: 'f11e8188-6e1d-4031-8355-9dd34167abc3' User entered '10 Aug 2020 15:46'	System	10 Aug 2020 19:46:10

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

Generated On: 11 Aug 2021 22:01:53

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '10 Aug 2020 15:03'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '11 Aug 2020 11:59'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked.	System	10 Aug 2020 15:34:43
User entered 'Day 2'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

HEADACHE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-11T14:20:56', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '340cbab0-25ca-4314-8789-aa5dd82dc3f8'	System	11 Aug 2020 18:21:52
User entered 'No interference with activity (1)'	System	11 Aug 2020 18:21:52

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

Generated On: 11 Aug 2021 22:01:53

**FATIGUE** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-11T14:21:21', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '340cbab0-25ca-4314-8789-aa5dd82dc3f8'	System	11 Aug 2020 18:21:52
User entered 'No interference with activity (1)'	System	11 Aug 2020 18:21:52

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

Generated On: 11 Aug 2021 22:01:53 MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-11T14:21:14', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '340cbab0-25ca-4314-8789-aa5dd82dc3f8'	System	11 Aug 2020 18:21:52
User entered 'None (0)'	System	11 Aug 2020 18:21:52

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

Generated On: 11 Aug 2021 22:01:53
JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-11T14:21:24', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '340cbab0-25ca-4314-8789-aa5dd82dc3f8'	System	11 Aug 2020 18:21:52
User entered 'None (0)'	System	11 Aug 2020 18:21:52

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

Generated On: 11 Aug 2021 22:01:53

**NAUSEA/VOMITING** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
		11 1 2020 10 21 72
External Audit Record. Reason for change: 'Not	System	11 Aug 2020 18:21:52
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2020-08-11T14:21:29', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '340cbab0-25ca-4314-8789-aa5dd82dc3f8'		
User entered 'None (0)'	System	11 Aug 2020 18:21:52

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

Generated On: 11 Aug 2021 22:01:53

**CHILLS** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-11T14:21:32', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '340cbab0-25ca-4314-8789-aa5dd82dc3f8'	System	11 Aug 2020 18:21:52
User entered 'None (0)'	System	11 Aug 2020 18:21:52

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

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-11T14:21:38', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '340cbab0-25ca-4314-8789-aa5dd82dc3f8'	System	11 Aug 2020 18:21:52
User entered 'No (N)'	System	11 Aug 2020 18:21:52

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

Generated On: 11 Aug 2021 22:01:53

PC Time stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-11T14:21:51', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '340cbab0-25ca-4314-8789-aa5dd82dc3f8'	System	11 Aug 2020 18:21:52
User entered '11 Aug 2020 14:21'	System	11 Aug 2020 18:21:52

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

Generated On: 11 Aug 2021 22:01:53

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '11 Aug 2020 12:00'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '12 Aug 2020 11:59'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked.	System	10 Aug 2020 15:34:43
User entered 'Day 3'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

HEADACHE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-12T12:05:42', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '7f513461-23da-498b-bc5d-2438f51f8c49'	System	12 Aug 2020 16:06:03
User entered 'None (0)'	System	12 Aug 2020 16:06:03

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

Generated On: 11 Aug 2021 22:01:53

**FATIGUE** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-12T12:05:45', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '7f513461-23da-498b-bc5d-2438f51f8c49'	System	12 Aug 2020 16:06:03
User entered 'None (0)'	System	12 Aug 2020 16:06:03

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

Generated On: 11 Aug 2021 22:01:53 MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-12T12:05:48', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '7f513461-23da-498b-bc5d-2438f51f8c49'	System	12 Aug 2020 16:06:03
User entered 'None (0)'	System	12 Aug 2020 16:06:03

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

Generated On: 11 Aug 2021 22:01:53
JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-12T12:05:51', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '7f513461-23da-498b-bc5d-2438f51f8c49'	System	12 Aug 2020 16:06:03
User entered 'None (0)'	System	12 Aug 2020 16:06:03

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

Generated On: 11 Aug 2021 22:01:53

**NAUSEA/VOMITING** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-12T12:05:53', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '7f513461-23da-498b-bc5d-2438f51f8c49'	System	12 Aug 2020 16:06:03
User entered 'None (0)'	System	12 Aug 2020 16:06:03

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

Generated On: 11 Aug 2021 22:01:53

**CHILLS** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-12T12:05:55', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '7f513461-23da-498b-bc5d-2438f51f8c49'	System	12 Aug 2020 16:06:03
User entered 'None (0)'	System	12 Aug 2020 16:06:03

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

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-12T12:05:58', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '7f513461-23da-498b-bc5d-2438f51f8c49'	System	12 Aug 2020 16:06:03
User entered 'No (N)'	System	12 Aug 2020 16:06:03

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

Generated On: 11 Aug 2021 22:01:53

PC Time stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-12T12:06:01', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '7f513461-23da-498b-bc5d-2438f51f8c49'	System	12 Aug 2020 16:06:03
User entered '12 Aug 2020 12:06'	System	12 Aug 2020 16:06:03

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

Generated On: 11 Aug 2021 22:01:53

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '12 Aug 2020 12:00'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '13 Aug 2020 11:59'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked.	System	10 Aug 2020 15:34:43
User entered 'Day 4'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

HEADACHE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-13T13:15:06', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'd3ba0532-2c11-42a0-a838-9ad0e68f5eb2'	System	13 Aug 2020 17:15:29
User entered 'None (0)'	System	13 Aug 2020 17:15:29

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

Generated On: 11 Aug 2021 22:01:53

**FATIGUE** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-13T13:15:10', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'd3ba0532-2c11-42a0-a838-9ad0e68f5eb2'	System	13 Aug 2020 17:15:29
User entered 'None (0)'	System	13 Aug 2020 17:15:29

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

Generated On: 11 Aug 2021 22:01:53 MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-13T13:15:13', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'd3ba0532-2c11-42a0-a838-9ad0e68f5eb2'	System	13 Aug 2020 17:15:29
User entered 'None (0)'	System	13 Aug 2020 17:15:29

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

Generated On: 11 Aug 2021 22:01:53
JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-13T13:15:15', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'd3ba0532-2c11-42a0-a838-9ad0e68f5eb2'	System	13 Aug 2020 17:15:29
User entered 'None (0)'	System	13 Aug 2020 17:15:29

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

Generated On: 11 Aug 2021 22:01:53

**NAUSEA/VOMITING** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-13T13:15:17', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'd3ba0532-2c11-42a0-a838-9ad0e68f5eb2'	System	13 Aug 2020 17:15:29
User entered 'None (0)'	System	13 Aug 2020 17:15:29

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

Generated On: 11 Aug 2021 22:01:53

**CHILLS** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-13T13:15:19', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'd3ba0532-2c11-42a0-a838-9ad0e68f5eb2'	System	13 Aug 2020 17:15:29
User entered 'None (0)'	System	13 Aug 2020 17:15:29

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

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-13T13:15:22', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'd3ba0532-2c11-42a0-a838-9ad0e68f5eb2'	System	13 Aug 2020 17:15:29
User entered 'No (N)'	System	13 Aug 2020 17:15:29

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

Generated On: 11 Aug 2021 22:01:53

PC Time stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-13T13:15:27', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'd3ba0532-2c11-42a0-a838-9ad0e68f5eb2'	System	13 Aug 2020 17:15:29
User entered '13 Aug 2020 13:15'	System	13 Aug 2020 17:15:29

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

Generated On: 11 Aug 2021 22:01:53

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '13 Aug 2020 12:00'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '14 Aug 2020 11:59'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked.	System	10 Aug 2020 15:34:43
User entered 'Day 5'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

**HEADACHE** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-14T16:43:02', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '768385a1-6b0d-488b-b49e-ea37e8e434a9'	System	14 Aug 2020 20:43:26
User entered 'None (0)'	System	14 Aug 2020 20:43:26

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

Generated On: 11 Aug 2021 22:01:53

**FATIGUE** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-14T16:43:05', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '768385a1-6b0d-488b-b49e-ea37e8e434a9'	System	14 Aug 2020 20:43:26
User entered 'None (0)'	System	14 Aug 2020 20:43:26

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

Generated On: 11 Aug 2021 22:01:53 MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-14T16:43:07', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '768385a1-6b0d-488b-b49e-ea37e8e434a9'	System	14 Aug 2020 20:43:26
User entered 'None (0)'	System	14 Aug 2020 20:43:26

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

Generated On: 11 Aug 2021 22:01:53
JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-14T16:43:09', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '768385a1-6b0d-488b-b49e-ea37e8e434a9'	System	14 Aug 2020 20:43:26
User entered 'None (0)'	System	14 Aug 2020 20:43:26

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

Generated On: 11 Aug 2021 22:01:53

**NAUSEA/VOMITING** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-14T16:43:12', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '768385a1-6b0d-488b-b49e-ea37e8e434a9'	System	14 Aug 2020 20:43:26
User entered 'None (0)'	System	14 Aug 2020 20:43:26

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

Generated On: 11 Aug 2021 22:01:53

**CHILLS** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-14T16:43:14', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '768385a1-6b0d-488b-b49e-ea37e8e434a9'	System	14 Aug 2020 20:43:26
User entered 'None (0)'	System	14 Aug 2020 20:43:26

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

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-14T16:43:17', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '768385a1-6b0d-488b-b49e-ea37e8e434a9'	System	14 Aug 2020 20:43:26
User entered 'No (N)'	System	14 Aug 2020 20:43:26

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

Generated On: 11 Aug 2021 22:01:53

PC Time stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-14T16:43:22', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '768385a1-6b0d-488b-b49e-ea37e8e434a9'	System	14 Aug 2020 20:43:26
User entered '14 Aug 2020 16:43'	System	14 Aug 2020 20:43:26

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

Generated On: 11 Aug 2021 22:01:53

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '14 Aug 2020 12:00'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '15 Aug 2020 11:59'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked.	System	10 Aug 2020 15:34:43
User entered 'Day 6'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

HEADACHE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-16T08:32:00', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'c420b92b-0637-4607-8671-29397ac3f6cd'	System	16 Aug 2020 12:32:23
User entered 'None (0)'	System	16 Aug 2020 12:32:23

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

Generated On: 11 Aug 2021 22:01:53

**FATIGUE** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-16T08:32:03', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'c420b92b-0637-4607-8671-29397ac3f6cd'	System	16 Aug 2020 12:32:23
User entered 'None (0)'	System	16 Aug 2020 12:32:23

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

Generated On: 11 Aug 2021 22:01:53 MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-16T08:32:05', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'c420b92b-0637-4607-8671-29397ac3f6cd'	System	16 Aug 2020 12:32:23
User entered 'None (0)'	System	16 Aug 2020 12:32:23

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

Generated On: 11 Aug 2021 22:01:53
JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-16T08:32:08', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'c420b92b-0637-4607-8671-29397ac3f6cd'	System	16 Aug 2020 12:32:23
User entered 'None (0)'	System	16 Aug 2020 12:32:23

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

Generated On: 11 Aug 2021 22:01:53

**NAUSEA/VOMITING** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-16T08:32:10', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'c420b92b-0637-4607-8671-29397ac3f6cd'	System	16 Aug 2020 12:32:23
User entered 'None (0)'	System	16 Aug 2020 12:32:23

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

Generated On: 11 Aug 2021 22:01:53

**CHILLS** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-16T08:32:12', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'c420b92b-0637-4607-8671-29397ac3f6cd'	System	16 Aug 2020 12:32:23
User entered 'None (0)'	System	16 Aug 2020 12:32:23

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

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-16T08:32:15', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'c420b92b-0637-4607-8671-29397ac3f6cd'	System	16 Aug 2020 12:32:23
User entered 'No (N)'	System	16 Aug 2020 12:32:23

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

Generated On: 11 Aug 2021 22:01:53

PC Time stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-16T08:32:19', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'c420b92b-0637-4607-8671-29397ac3f6cd'	System	16 Aug 2020 12:32:23
User entered '16 Aug 2020 08:32'	System	16 Aug 2020 12:32:23

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

Generated On: 11 Aug 2021 22:01:53

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '15 Aug 2020 12:00'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '16 Aug 2020 11:59'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked.	System	10 Aug 2020 15:34:43
User entered 'Day 7'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

HEADACHE

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-16T12:27:00', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'd9101384-003e-42dd-857f-339b0dd8356c'	System	16 Aug 2020 16:27:31
User entered 'None (0)'	System	16 Aug 2020 16:27:31

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

Generated On: 11 Aug 2021 22:01:53

**FATIGUE** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-16T12:27:03', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'd9101384-003e-42dd-857f-339b0dd8356c'	System	16 Aug 2020 16:27:31
User entered 'None (0)'	System	16 Aug 2020 16:27:31

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

Generated On: 11 Aug 2021 22:01:53 MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-16T12:27:07', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'd9101384-003e-42dd-857f-339b0dd8356c'	System	16 Aug 2020 16:27:31
User entered 'None (0)'	System	16 Aug 2020 16:27:31

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

Generated On: 11 Aug 2021 22:01:53
JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-16T12:27:09', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'd9101384-003e-42dd-857f-339b0dd8356c'	System	16 Aug 2020 16:27:31
User entered 'None (0)'	System	16 Aug 2020 16:27:31

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

Generated On: 11 Aug 2021 22:01:53

**NAUSEA/VOMITING** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-16T12:27:12', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'd9101384-003e-42dd-857f-339b0dd8356c'	System	16 Aug 2020 16:27:31
User entered 'None (0)'	System	16 Aug 2020 16:27:31

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

Generated On: 11 Aug 2021 22:01:53

**CHILLS** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-16T12:27:14', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'd9101384-003e-42dd-857f-339b0dd8356c'	System	16 Aug 2020 16:27:31
User entered 'None (0)'	System	16 Aug 2020 16:27:31

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

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-16T12:27:21', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'd9101384-003e-42dd-857f-339b0dd8356c'	System	16 Aug 2020 16:27:31
User entered 'No (N)'	System	16 Aug 2020 16:27:31

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

Generated On: 11 Aug 2021 22:01:53

PC Time stamp

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-08-16T12:27:27', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'd9101384-003e-42dd-857f-339b0dd8356c'	System	16 Aug 2020 16:27:31
User entered '16 Aug 2020 12:27'	System	16 Aug 2020 16:27:31

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

Generated On: 11 Aug 2021 22:01:53

PC Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '16 Aug 2020 12:00'	System	10 Aug 2020 15:34:43

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

Generated On: 11 Aug 2021 22:01:53

PC Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
User entered '17 Aug 2020 11:59'	System	10 Aug 2020 15:34:43

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Yes (Y)'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:27:16

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '18 Aug 2020'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:27:16

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Contact Made (CONTACT MADE)'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:27:16

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Comments

# If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:27:16

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:01:53
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:27:47

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:01:53

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered '1'	System	14 Sep 2020 19:27:47

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:28:21

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '25 Aug 2020'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:28:21

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Contact Made (CONTACT MADE)'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:28:21

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Comments

# If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered empty.	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:28:21

Folder: Safety Call Day 15 (1)

**Form: Continuing** 

Generated On: 11 Aug 2021 22:01:53
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:29:04

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:01:53

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered '1'	System	14 Sep 2020 19:29:04

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:29:26

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '1 Sep 2020'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:29:26

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Contact Made (CONTACT MADE)'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:29:26

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Comments

# If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered empty.	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:29:26

Folder: Safety Call Day 22 (1)

**Form: Continuing** 

Generated On: 11 Aug 2021 22:01:53
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:29:31

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:01:53

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered '1'	System	14 Sep 2020 19:29:31

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 11 Aug 2021 22:01:53

Was this visit performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Yes (Y)'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:30:24

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 11 Aug 2021 22:01:53

Visit date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '14 Sep 2020'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:30:24

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 11 Aug 2021 22:01:53

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 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Clinic (Clinic)'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:30:24

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 11 Aug 2021 22:01:53

Folder OID

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered 'VISIT2'	System	14 Sep 2020 19:30:24

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

Generated On: 11 Aug 2021 22:01:53

Timepoint

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User accepted default value 'Pre-Dose (PREDOSE)'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:31:05

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

Generated On: 11 Aug 2021 22:01:53

Were vital signs assessed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Yes (Y)'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:31:05

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

Generated On: 11 Aug 2021 22:01:53 Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '14 Sep 2020'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:31:05

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

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '13:35'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:31:05

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

Generated On: 11 Aug 2021 22:01:53 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered '14 Sep 2020 13:35'	System	14 Sep 2020 19:31:05

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

Generated On: 11 Aug 2021 22:01:53

Temperature (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '36.8' C	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:31:05

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

Generated On: 11 Aug 2021 22:01:53

Route of measurement

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Oral (Oral)'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:31:05

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

Generated On: 11 Aug 2021 22:01:53

If Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:31:05

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

Generated On: 11 Aug 2021 22:01:53

Pulse (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '70'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:31:05

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

Generated On: 11 Aug 2021 22:01:53

Pulse units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered 'bpm'	System	14 Sep 2020 19:31:05

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

Generated On: 11 Aug 2021 22:01:53

Respiratory Rate (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '16'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:31:05

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

Generated On: 11 Aug 2021 22:01:53

Respiratory Rate units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered 'breaths/min'	System	14 Sep 2020 19:31:05

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

Generated On: 11 Aug 2021 22:01:53

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '126'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:31:05

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

Generated On: 11 Aug 2021 22:01:53

Systolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered 'mmHg'	System	14 Sep 2020 19:31:05

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

Generated On: 11 Aug 2021 22:01:53

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '78'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:31:05

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

Generated On: 11 Aug 2021 22:01:53

Diastolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered 'mmHg'	System	14 Sep 2020 19:31:05

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

Generated On: 11 Aug 2021 22:01:53

Timepoint

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User accepted default value 'Post-Dose (POSTDOSE)'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:31:05

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

Generated On: 11 Aug 2021 22:01:53

Were vital signs assessed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'No (N)'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:31:05

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

Generated On: 11 Aug 2021 22:01:53 Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:31:05

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

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:31:05

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

Generated On: 11 Aug 2021 22:01:53 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered empty.	System	14 Sep 2020 19:31:05

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

Generated On: 11 Aug 2021 22:01:53

Temperature (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:31:05

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

Generated On: 11 Aug 2021 22:01:53

Route of measurement

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:31:05

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

Generated On: 11 Aug 2021 22:01:53

If Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:31:05

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

Generated On: 11 Aug 2021 22:01:53

Pulse (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:31:05

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

Generated On: 11 Aug 2021 22:01:53

Pulse units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered empty.	System	14 Sep 2020 19:31:05

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

Generated On: 11 Aug 2021 22:01:53

Respiratory Rate (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:31:05

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

Generated On: 11 Aug 2021 22:01:53

Respiratory Rate units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered empty.	System	14 Sep 2020 19:31:05

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

Generated On: 11 Aug 2021 22:01:53

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:31:05

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

Generated On: 11 Aug 2021 22:01:53

Systolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered empty.	System	14 Sep 2020 19:31:05

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

Generated On: 11 Aug 2021 22:01:53

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:31:05

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

Generated On: 11 Aug 2021 22:01:53

Diastolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered empty.	System	14 Sep 2020 19:31:05

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

Generated On: 11 Aug 2021 22:01:53 Was the physical examination performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Yes (Y)'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:31:31

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

Generated On: 11 Aug 2021 22:01:53
Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '14 Sep 2020'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:31:31

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 22:01:53

Was study treatment given?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'No (N)'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:32:48

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 22:01:53

If No, reason not given

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Physician Decision (PHYSICIAN DECISION)'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:32:48

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 22:01:53

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 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'PATIENT HAS BEEN DIAGNOSED	Amber Vasquez (b) (4)	14 Sep 2020 19:32:48
WITH BREST CANCER AND HAS UPCOMING	(b) (4)	
TREATMENT. DOSING WITHHELD, BUT		
PATIENT WILL CONTINUE WITH		
FOLLOW-UPS.'		

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 22:01:53

What was the study treatment?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered empty.	System	14 Sep 2020 19:32:48

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 22:01:53
What was the treatment date? (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:32:48

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 22:01:53 What was the treatment time? (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:32:48

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 22:01:53 Treatment Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered empty.	System	14 Sep 2020 19:32:48

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 22:01:53 Which arm was used to give treatment?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:32:48

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 22:01:53

What was the frequency of the study treatment dosing?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered empty.	System	14 Sep 2020 19:32:48

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 11 Aug 2021 22:01:53

What was the route of administration for the study treatment?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered empty.	System	14 Sep 2020 19:32:48

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:01:53

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Yes (Y)'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:33:10

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:01:53

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '14 Sep 2020'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:33:10

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:01:53

Collection time (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '14:38'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:33:10

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:01:53 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered '14 Sep 2020 14:38'	System	14 Sep 2020 19:33:10

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 11 Aug 2021 22:01:53

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '14 Sep 2020'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:33:22

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 11 Aug 2021 22:01:53

Lab Test

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User accepted default value 'Nasopharyngeal Swab 1 (NASAL1)'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:33:22

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 11 Aug 2021 22:01:53

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Yes (Y)'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:33:22

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 11 Aug 2021 22:01:53

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '14:42'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:33:22

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 11 Aug 2021 22:01:53 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered '14 Sep 2020 14:42'	System	14 Sep 2020 19:33:22

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 11 Aug 2021 22:01:53

Lab Test

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User accepted default value 'Nasopharyngeal Swab 2 (NASAL2)'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:33:22

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 11 Aug 2021 22:01:53

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'No (N)'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:33:22

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 11 Aug 2021 22:01:53

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:33:22

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 11 Aug 2021 22:01:53 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered empty.	System	14 Sep 2020 19:33:22

Folder: Visit 2 Day 29 (1)

**Form: Continuing** 

Generated On: 11 Aug 2021 22:01:53
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Yes (Y)'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:33:28

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:01:53

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered '1'	System	14 Sep 2020 19:33:28

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	Albert Garcia (b) (4) (b) (4)	14 Oct 2020 12:30:04

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '21 Sep 2020'	Albert Garcia (b) (4) (b) (4)	14 Oct 2020 12:30:04

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Contact Made (CONTACT MADE)'	Albert Garcia (b) (4) (b) (4)	14 Oct 2020 12:30:04

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Comments

# If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered empty.	Albert Garcia (b) (4) (b) (4)	14 Oct 2020 12:30:04

Folder: Safety Call Day 36 (1)

**Form: Continuing** 

Generated On: 11 Aug 2021 22:01:53
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	Albert Garcia (b) (4) (b) (4)	14 Oct 2020 12:30:16

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:01:53

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered '1'	System	14 Oct 2020 12:30:16

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	Albert Garcia (b) (4) (b) (4)	14 Oct 2020 12:30:30

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '28 Sep 2020'	Albert Garcia (b) (4) (b) (4)	14 Oct 2020 12:30:30

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'Contact Made (CONTACT MADE)'	(b) (4) Albert Garcia (b) (4) (b) (4)	14 Oct 2020 12:30:30

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Comments

# If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered empty.	Albert Garcia (b) (4) (b) (4)	14 Oct 2020 12:30:30

Folder: Safety Call Day 43 (1)

**Form: Continuing** 

Generated On: 11 Aug 2021 22:01:53
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	Albert Garcia (b) (4) (b) (4)	14 Oct 2020 12:30:42

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:01:53

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered '1'	System	14 Oct 2020 12:30:42

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	Albert Garcia (b) (4) (b) (4)	14 Oct 2020 12:30:54

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '5 Oct 2020'	Albert Garcia (b) (4) (b) (4)	14 Oct 2020 12:30:54

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Contact Made (CONTACT MADE)'	Albert Garcia (b) (4) (b) (4)	14 Oct 2020 12:30:54

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Comments

# If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered empty.	Albert Garcia (b) (4) (b) (4)	14 Oct 2020 12:30:54

Folder: Safety Call Day 50 (1)

**Form: Continuing** 

Generated On: 11 Aug 2021 22:01:53
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	Albert Garcia (b) (4) (b) (4)	14 Oct 2020 12:30:59

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:01:53

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered '1'	System	14 Oct 2020 12:30:59

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 11 Aug 2021 22:01:53

Was this visit performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Yes (Y)'	Albert Garcia (b) (4) (b) (4)	14 Oct 2020 12:31:27

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 11 Aug 2021 22:01:53

Visit date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '12 Oct 2020'	(b) (4) Albert Garcia (b) (4) (b) (4)	14 Oct 2020 12:31:27

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 11 Aug 2021 22:01:53

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 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Clinic (Clinic)'	(b) (4) Albert Garcia (b) (4) (b) (4)	14 Oct 2020 12:31:27

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 11 Aug 2021 22:01:53

Folder OID

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered 'VISIT3'	System	14 Oct 2020 12:31:27

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53

Were vital signs assessed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'No (N)'	Albert Garcia (b) (4) (b) (4)	14 Oct 2020 12:33:10

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53
Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Albert Garcia (b) (4) (b) (4)	14 Oct 2020 12:33:10

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53 Time of assessment (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Albert Garcia (b) (4) (b) (4)	14 Oct 2020 12:33:10

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered empty.	System	14 Oct 2020 12:33:10

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53

Temperature (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Albert Garcia (b) (4) (b) (4)	14 Oct 2020 12:33:10

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53

Route of measurement

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Albert Garcia (b) (4) (b) (4)	14 Oct 2020 12:33:10

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53

If Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	(b) (4) Albert Garcia (b) (4) (b) (4)	14 Oct 2020 12:33:10

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53

Pulse (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Albert Garcia (b) (4) (b) (4)	14 Oct 2020 12:33:10

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53

Pulse units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered empty.	System	14 Oct 2020 12:33:10

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53

Respiratory Rate (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Albert Garcia (b) (4) (b) (4)	14 Oct 2020 12:33:10

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53

Respiratory Rate units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered empty.	System	14 Oct 2020 12:33:10

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Albert Garcia (b) (4) (b) (4)	14 Oct 2020 12:33:10

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53

Systolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered empty.	System	14 Oct 2020 12:33:10

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Albert Garcia (b) (4) (b) (4)	14 Oct 2020 12:33:10

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53

Diastolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered empty.	System	14 Oct 2020 12:33:10

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53

Height (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 11 Aug 2021 22:01:53

Weight (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10

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

Generated On: 11 Aug 2021 22:01:53 Was the physical examination performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'No (N)'	Albert Garcia (b) (4) (b) (4)	14 Oct 2020 12:33:14

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

Generated On: 11 Aug 2021 22:01:53 Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	Albert Garcia (b) (4) (b) (4)	14 Oct 2020 12:33:14

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:01:53

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Yes (Y)'	Albert Garcia (b) (4) (b) (4)	14 Oct 2020 12:33:28

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:01:53

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '12 Oct 2020'	Albert Garcia (b) (4) (b) (4)	14 Oct 2020 12:33:28

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:01:53

Collection time (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '12:30'	Albert Garcia (b) (4) (b) (4)	14 Oct 2020 12:33:28

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:01:53 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered '12 Oct 2020 12:30'	System	14 Oct 2020 12:33:28

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:01:53
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Yes (Y)'	Albert Garcia (b) (4) (b) (4)	14 Oct 2020 12:33:33

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:01:53

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered '1'	System	14 Oct 2020 12:33:33

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 02:38:21
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:59:56
Data entry locked.	System	10 Aug 2020 15:34:43
User entered 'Day 64'	System	10 Aug 2020 15:34:43

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

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 02:38:21
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:59:56

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Have you been exposed to someone with 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 02:38:21
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:59:56

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Please 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 02:38:21
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:59:56

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

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 02:38:21
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:59:56

Folder: Safety Follow Up Diary (1)
Form: Safety Follow Up Diary
Generated On: 11 Aug 2021 22:01:53
Fever (Temperature ≥ 100.4°F/38°C)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 02:38:21
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:59:56

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Chills

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 02:38:21
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:59:56

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Cough

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 02:38:21
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:59:56

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Shortness of breath

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 02:38:21
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:59:56

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Difficulty breathing

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 02:38:21
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:59:56

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Fatigue

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 02:38:21
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:59:56

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Muscle aches

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 02:38:21
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:59:56

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Body aches

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 02:38:21
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:59:56

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Headache

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 02:38:21
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:59:56

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

New loss of taste

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 02:38:21
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:59:56

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

New loss of smell

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 02:38:21
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:59:56

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Sore throat

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 02:38:21
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:59:56

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Congestion

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 02:38:21
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:59:56

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Runny nose

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 02:38:21
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:59:56

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Nausea

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 02:38:21
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:59:56

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Vomiting

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 02:38:21
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:59:56

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Diarrhea

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 02:38:21
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:59:56

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Please 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 02:38:21
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:59:56

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

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 02:38:21
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:59:56

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Please 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 02:38:21
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:59:56

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Date and time of submission

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 02:38:21
DataPoint activated (WR#5335027) Amendment Manager: DataPoint Inactivated.	System System	01 Apr 2021 17:41:56 19 Nov 2020 16:59:56

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 02:38:21
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:59:56
Data entry locked.	System	10 Aug 2020 15:34:43
User entered '10 Oct 2020 00:01'	System	10 Aug 2020 15:34:43

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 02:38:21
DataPoint activated (WR#5335027)	System	01 Apr 2021 17:41:56
Amendment Manager: DataPoint Inactivated.	System	19 Nov 2020 16:59:56
Data entry locked.	System	10 Aug 2020 15:34:43
User entered '14 Oct 2020 23:59'	System	10 Aug 2020 15:34:43

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked.	System	10 Aug 2020 15:34:43
User entered 'Day 71'	System	10 Aug 2020 15:34:43

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-10-17T04:44:57', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'a1a3900e-4868-4bfa-89ac-adde2b612452'	System	17 Oct 2020 08:45:25
User entered 'No (N)'	System	17 Oct 2020 08:45:25

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-10-17T04:45:06', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'a1a3900e-4868-4bfa-89ac-adde2b612452'	System	17 Oct 2020 08:45:25
User entered 'No (N)'	System	17 Oct 2020 08:45:25

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Date and time of submission

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-10-17T04:45:21', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'a1a3900e-4868-4bfa-89ac-adde2b612452'	System	17 Oct 2020 08:45:25
User entered '17 Oct 2020 04:45:21'	System	17 Oct 2020 08:45:25

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked.	System	10 Aug 2020 15:34:43
User entered '17 Oct 2020 00:01'	System	10 Aug 2020 15:34:43

Folder: Safety Follow Up Diary (1)
Form: Safety Follow Up Diary
Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked. User entered '21 Oct 2020 23:59'	System System	10 Aug 2020 15:34:43 10 Aug 2020 15:34:43

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked.	System	10 Aug 2020 15:34:43
User entered 'Day 78'	System	10 Aug 2020 15:34:43

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-10-24T08:52:20', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '8fbbd693-c190-4936-ae3e-072fd96343ec'	System	24 Oct 2020 12:52:44
User entered 'No (N)'	System	24 Oct 2020 12:52:44

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-10-24T08:52:25', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '8fbbd693-c190-4936-ae3e-072fd96343ec'	System	24 Oct 2020 12:52:44
User entered 'No (N)'	System	24 Oct 2020 12:52:44

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Date and time of submission

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-10-24T08:52:42', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '8fbbd693-c190-4936-ae3e-072fd96343ec'	System	24 Oct 2020 12:52:44
User entered '24 Oct 2020 08:52:42'	System	24 Oct 2020 12:52:44

Folder: Safety Follow Up Diary (1)
Form: Safety Follow Up Diary
Generated On: 11 Aug 2021 22:01:53
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked. User entered '24 Oct 2020 00:01'	System System	10 Aug 2020 15:34:43 10 Aug 2020 15:34:43

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked.	System	10 Aug 2020 15:34:43
User entered '28 Oct 2020 23:59'	System	10 Aug 2020 15:34:43

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked. User entered 'Day 92'	System System	10 Aug 2020 15:34:43 10 Aug 2020 15:34:43

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-11-07T08:19:27', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '6620f43e-07c8-42d6-b117-d443abe59176'	System	07 Nov 2020 13:19:40
User entered 'No (N)'	System	07 Nov 2020 13:19:40

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-11-07T08:19:32', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '6620f43e-07c8-42d6-b117-d443abe59176'	System	07 Nov 2020 13:19:40
User entered 'No (N)'	System	07 Nov 2020 13:19:40

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Date and time of submission

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-11-07T08:19:38', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: '6620f43e-07c8-42d6-b117-d443abe59176'	System	07 Nov 2020 13:19:40
User entered '07 Nov 2020 08:19:38'	System	07 Nov 2020 13:19:40

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked. User entered '07 Nov 2020 00:01'	System System	10 Aug 2020 15:34:43 10 Aug 2020 15:34:43

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked. User entered '11 Nov 2020 23:59'	System System	10 Aug 2020 15:34:43 10 Aug 2020 15:34:43

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked.	System	10 Aug 2020 15:34:43
User entered 'Day 99'	System	10 Aug 2020 15:34:43

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-11-14T08:12:05', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'ccd30789-9c5a-461e-8e89-b2ea6a25182d'	System	14 Nov 2020 13:12:20
User entered 'No (N)'	System	14 Nov 2020 13:12:20

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-11-14T08:12:11', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'ccd30789-9c5a-461e-8e89-b2ea6a25182d'	System	14 Nov 2020 13:12:20
User entered 'No (N)'	System	14 Nov 2020 13:12:20

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Date and time of submission

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (6430400B-1196-40D1-85F6-7981DCD30BC4)', Time: '2020-11-14T08:12:17', User OID: 'PatientReportedOutcome (US3222061)', ODM File OID: 'ccd30789-9c5a-461e-8e89-b2ea6a25182d'	System	14 Nov 2020 13:12:20
User entered '14 Nov 2020 08:12:17'	System	14 Nov 2020 13:12:20

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked.	System	10 Aug 2020 15:34:43
User entered '14 Nov 2020 00:01'	System	10 Aug 2020 15:34:43

Folder: Safety Follow Up Diary (1) Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	05 Mar 2021 01:02:15
Data entry locked.	System	10 Aug 2020 15:34:43
User entered '18 Nov 2020 23:59'	System	10 Aug 2020 15:34:43

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 103'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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 Nov 2020 14:12:02
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2020-11-21T09:11:48', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '2381c9f2-a3cc-4b87-b456-2ca5610da5b2'		
User entered 'No (N)'	System	21 Nov 2020 14:12:02

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Have you been exposed to someone with 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 Nov 2020 14:12:02
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2020-11-21T09:11:51', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '2381c9f2-a3cc-4b87-b456-2ca5610da5b2'		
User entered 'No (N)'	System	21 Nov 2020 14:12:02

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	21 Nov 2020 14:12:02
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2020-11-21T09:11:58', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '2381c9f2-a3cc-4b87-b456-2ca5610da5b2'		
User entered '21 Nov 2020 09:11:58'	System	21 Nov 2020 14:12:02

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '18 Nov 2020	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '22 Nov 2020 23:59'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 110'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	25 Nov 2020 14:07:23
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2020-11-25T09:07:08', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '5beb4225-8701-44aa-b2b3-ce862925253d'		
User entered 'No (N)'	System	25 Nov 2020 14:07:23

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	25 Nov 2020 14:07:23
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2020-11-25T09:07:14', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '5beb4225-8701-44aa-b2b3-ce862925253d'		
User entered 'No (N)'	System	25 Nov 2020 14:07:23

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	25 Nov 2020 14:07:23
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2020-11-25T09:07:19', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '5beb4225-8701-44aa-b2b3-ce862925253d'		
User entered '25 Nov 2020 09:07:19'	System	25 Nov 2020 14:07:23

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '25 Nov 2020	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '29 Nov 2020	System	19 Nov 2020 16:59:56
22.501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 117'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	02 Dec 2020 13:29:37
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2020-12-02T08:29:18', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '3cde84dc-fff0-4026-b146-948952a61b93'		
User entered 'No (N)'	System	02 Dec 2020 13:29:37

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	02 Dec 2020 13:29:37
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2020-12-02T08:29:28', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '3cde84dc-fff0-4026-b146-948952a61b93'		
User entered 'No (N)'	System	02 Dec 2020 13:29:37

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	02 Dec 2020 13:29:37
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2020-12-02T08:29:34', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '3cde84dc-fff0-4026-b146-948952a61b93'		
User entered '02 Dec 2020 08:29:34'	System	02 Dec 2020 13:29:37

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '02 Dec 2020	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '06 Dec 2020	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 124'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	09 Dec 2020 13:10:52
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2020-12-09T08:10:40', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '7bc12f3f-308e-4d22-9f30-07e98f4b22c6'		
User entered 'No (N)'	System	09 Dec 2020 13:10:52

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	09 Dec 2020 13:10:52
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2020-12-09T08:10:46', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '7bc12f3f-308e-4d22-9f30-07e98f4b22c6'		
User entered 'No (N)'	System	09 Dec 2020 13:10:52

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	09 Dec 2020 13:10:52
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2020-12-09T08:10:51', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '7bc12f3f-308e-4d22-9f30-07e98f4b22c6'		
User entered '09 Dec 2020 08:10:51'	System	09 Dec 2020 13:10:52

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '09 Dec 2020	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '13 Dec 2020	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 131'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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	18 Dec 2020 18:02:20
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2020-12-18T13:02:09', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '553362f6-adbf-474e-84b4-e5f79a110e41'		
User entered 'No (N)'	System	18 Dec 2020 18:02:20

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Have you been exposed to someone with 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	18 Dec 2020 18:02:20
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2020-12-18T13:02:13', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '553362f6-adbf-474e-84b4-e5f79a110e41'		
User entered 'No (N)'	System	18 Dec 2020 18:02:20

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	18 Dec 2020 18:02:20
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2020-12-18T13:02:18', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '553362f6-adbf-474e-84b4-e5f79a110e41'		
User entered '18 Dec 2020 13:02:18'	System	18 Dec 2020 18:02:20

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '16 Dec 2020	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '20 Dec 2020	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 138'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	23 Dec 2020 14:10:20
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2020-12-23T09:10:01', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '3b29c44c-e88d-422a-919d-cf4206a46399'		
User entered 'No (N)'	System	23 Dec 2020 14:10:20

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	23 Dec 2020 14:10:20
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2020-12-23T09:10:08', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '3b29c44c-e88d-422a-919d-cf4206a46399'		
User entered 'No (N)'	System	23 Dec 2020 14:10:20

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	23 Dec 2020 14:10:20
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2020-12-23T09:10:14', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '3b29c44c-e88d-422a-919d-cf4206a46399'		
User entered '23 Dec 2020 09:10:14'	System	23 Dec 2020 14:10:20

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '23 Dec 2020	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '27 Dec 2020	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 145'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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	30 Dec 2020 14:46:51
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2020-12-30T09:46:39', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '9470cfa4-9f21-4318-b33d-c381633dfb4e'		
User entered 'No (N)'	System	30 Dec 2020 14:46:51

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Have you been exposed to someone with 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	30 Dec 2020 14:46:51
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2020-12-30T09:46:43', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '9470cfa4-9f21-4318-b33d-c381633dfb4e'		
User entered 'No (N)'	System	30 Dec 2020 14:46:51

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	30 Dec 2020 14:46:51
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2020-12-30T09:46:48', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '9470cfa4-9f21-4318-b33d-c381633dfb4e'		
User entered '30 Dec 2020 09:46:48'	System	30 Dec 2020 14:46:51

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '30 Dec 2020	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '03 Jan 2021	System	19 Nov 2020 16:59:56
22.50		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 152'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	09 Jan 2021 03:14:16
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-01-08T22:13:54', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '7bb6e325-e07f-492a-b200-f88016aa4c66'		
User entered 'No (N)'	System	09 Jan 2021 03:14:16

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	09 Jan 2021 03:14:16
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-01-08T22:13:58', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '7bb6e325-e07f-492a-b200-f88016aa4c66'		
User entered 'No (N)'	System	09 Jan 2021 03:14:16

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	09 Jan 2021 03:14:16
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-01-08T22:14:03', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '7bb6e325-e07f-492a-b200-f88016aa4c66'		
User entered '08 Jan 2021 22:14:03'	System	09 Jan 2021 03:14:16

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '06 Jan 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '10 Jan 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 159'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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 14:51:37
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-01-13T09:51:27', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: 'c1d7ffcc-610f-48a2-b50b-547ef8cdaf5e'		
User entered 'No (N)'	System	13 Jan 2021 14:51:37

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Have you been exposed to someone with 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 14:51:37
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-01-13T09:51:31', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: 'c1d7ffcc-610f-48a2-b50b-547ef8cdaf5e'		
User entered 'No (N)'	System	13 Jan 2021 14:51:37

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	13 Jan 2021 14:51:37
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-01-13T09:51:33', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: 'c1d7ffcc-610f-48a2-b50b-547ef8cdaf5e'		
User entered '13 Jan 2021 09:51:33'	System	13 Jan 2021 14:51:37

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '13 Jan 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '17 Jan 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 166'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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 Jan 2021 00:06:57
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-01-20T19:06:47', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: 'e0ef8f6b-e8e7-48b1-ac90-aca9db4d9d54'		
User entered 'No (N)'	System	21 Jan 2021 00:06:57

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Have you been exposed to someone with 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 Jan 2021 00:06:57
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-01-20T19:06:51', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: 'e0ef8f6b-e8e7-48b1-ac90-aca9db4d9d54'		
User entered 'No (N)'	System	21 Jan 2021 00:06:57

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	21 Jan 2021 00:06:57
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-01-20T19:06:54', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: 'e0ef8f6b-e8e7-48b1-ac90-aca9db4d9d54'		
User entered '20 Jan 2021 19:06:54'	System	21 Jan 2021 00:06:57

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '20 Jan 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '24 Jan 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 173'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	27 Jan 2021 15:07:29
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-01-27T10:07:19', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '113e1d3f-d601-473d-b194-88f0f45d3e11'		
User entered 'No (N)'	System	27 Jan 2021 15:07:29

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	27 Jan 2021 15:07:29
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-01-27T10:07:22', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '113e1d3f-d601-473d-b194-88f0f45d3e11'		
User entered 'No (N)'	System	27 Jan 2021 15:07:29

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	27 Jan 2021 15:07:29
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-01-27T10:07:27', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '113e1d3f-d601-473d-b194-88f0f45d3e11'		
User entered '27 Jan 2021 10:07:27'	System	27 Jan 2021 15:07:29

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '27 Jan 2021 00:01'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '31 Jan 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 180'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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 Feb 2021 13:41:45
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-02-03T08:41:34', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: 'e32f19b8-1522-456f-82dc-4d9c549cb528'		
User entered 'No (N)'	System	03 Feb 2021 13:41:45

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Have you been exposed to someone with 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 Feb 2021 13:41:45
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-02-03T08:41:37', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: 'e32f19b8-1522-456f-82dc-4d9c549cb528'		
User entered 'No (N)'	System	03 Feb 2021 13:41:45

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	03 Feb 2021 13:41:45
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-02-03T08:41:41', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: 'e32f19b8-1522-456f-82dc-4d9c549cb528'		
User entered '03 Feb 2021 08:41:41'	System	03 Feb 2021 13:41:45

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '03 Feb 2021	System	19 Nov 2020 16:59:56

00:01'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '07 Feb 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 187'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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	10 Feb 2021 13:12:07
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-02-10T08:11:56', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '41f666c5-5847-4b3d-8b34-4afdef0b16dc'		
User entered 'No (N)'	System	10 Feb 2021 13:12:07

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Have you been exposed to someone with 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	10 Feb 2021 13:12:07
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-02-10T08:11:59', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '41f666c5-5847-4b3d-8b34-4afdef0b16dc'		
User entered 'No (N)'	System	10 Feb 2021 13:12:07

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	10 Feb 2021 13:12:07
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-02-10T08:12:02', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '41f666c5-5847-4b3d-8b34-4afdef0b16dc'		
User entered '10 Feb 2021 08:12:02'	System	10 Feb 2021 13:12:07

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '10 Feb 2021	System	19 Nov 2020 16:59:56

00:01'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '14 Feb 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 194'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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 Feb 2021 12:50:29
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-02-17T07:50:18', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: 'f00dd111-a2d6-4097-ba25-33b88659e006'		
User entered 'No (N)'	System	17 Feb 2021 12:50:29

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Have you been exposed to someone with 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 Feb 2021 12:50:29
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-02-17T07:50:22', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: 'f00dd111-a2d6-4097-ba25-33b88659e006'		
User entered 'No (N)'	System	17 Feb 2021 12:50:29

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	17 Feb 2021 12:50:29
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-02-17T07:50:26', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: 'f00dd111-a2d6-4097-ba25-33b88659e006'		
User entered '17 Feb 2021 07:50:26'	System	17 Feb 2021 12:50:29

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '17 Feb 2021 00:01'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '21 Feb 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 201'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	25 Feb 2021 01:16:31
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-02-24T20:16:16-05:00', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '4c240ff3-9f0c-43ed-aa1e-58c6a102bf22'		
User entered 'No (N)'	System	25 Feb 2021 01:16:31

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	25 Feb 2021 01:16:31
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-02-24T20:16:19-05:00', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '4c240ff3-9f0c-43ed-aa1e-58c6a102bf22'		
User entered 'No (N)'	System	25 Feb 2021 01:16:31

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	25 Feb 2021 01:16:31
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-02-24T20:16:23-05:00', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '4c240ff3-9f0c-43ed-aa1e-58c6a102bf22'		
User entered '25 Feb 2021 01:16:23'	System	25 Feb 2021 01:16:31

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '24 Feb 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '28 Feb 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 208'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	05 Mar 2021 19:19:23
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-03-05T14:19:12-05:00', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '49e805c5-ac98-469d-8ce3-e29e6c5f4e22'		
User entered 'No (N)'	System	05 Mar 2021 19:19:23

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	05 Mar 2021 19:19:23
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-03-05T14:19:15-05:00', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '49e805c5-ac98-469d-8ce3-e29e6c5f4e22'		
User entered 'No (N)'	System	05 Mar 2021 19:19:23

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	05 Mar 2021 19:19:23
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-03-05T14:19:20-05:00', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '49e805c5-ac98-469d-8ce3-e29e6c5f4e22'		
User entered '05 Mar 2021 14:19:20'	System	05 Mar 2021 19:19:23

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '03 Mar 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '07 Mar 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 215'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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	10 Mar 2021 13:29:59
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-03-10T08:29:49-05:00', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '126f553a-e31f-4990-85f8-92e39cadcd74'		
User entered 'No (N)'	System	10 Mar 2021 13:29:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Have you been exposed to someone with 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	10 Mar 2021 13:29:59
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-03-10T08:29:52-05:00', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '126f553a-e31f-4990-85f8-92e39cadcd74'		
User entered 'No (N)'	System	10 Mar 2021 13:29:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	10 Mar 2021 13:29:59
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-03-10T08:29:55-05:00', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '126f553a-e31f-4990-85f8-92e39cadcd74'		
User entered '10 Mar 2021 08:29:55'	System	10 Mar 2021 13:29:59

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '10 Mar 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '14 Mar 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 222'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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 Mar 2021 11:29:14
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-03-17T07:29:01-04:00', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: 'e39d9868-e4cb-40cc-a918-0fbfaa2c946c'		
User entered 'No (N)'	System	17 Mar 2021 11:29:14

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Have you been exposed to someone with 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 Mar 2021 11:29:14
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-03-17T07:29:05-04:00', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: 'e39d9868-e4cb-40cc-a918-0fbfaa2c946c'		
User entered 'No (N)'	System	17 Mar 2021 11:29:14

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	17 Mar 2021 11:29:14
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-03-17T07:29:11-04:00', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: 'e39d9868-e4cb-40cc-a918-0fbfaa2c946c'		
User entered '17 Mar 2021 07:29:11'	System	17 Mar 2021 11:29:14

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '17 Mar 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '21 Mar 2021 23:59'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 229'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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 Mar 2021 11:25:57
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-03-24T07:25:43-04:00', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '687b4bc3-fec2-43b0-b1ef-3891a748c308'		
User entered 'No (N)'	System	24 Mar 2021 11:25:57

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Have you been exposed to someone with 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 Mar 2021 11:25:57
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-03-24T07:25:47-04:00', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '687b4bc3-fec2-43b0-b1ef-3891a748c308'		
User entered 'No (N)'	System	24 Mar 2021 11:25:57

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	24 Mar 2021 11:25:57
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-03-24T07:25:55-04:00', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '687b4bc3-fec2-43b0-b1ef-3891a748c308'		
User entered '24 Mar 2021 07:25:55'	System	24 Mar 2021 11:25:57

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '24 Mar 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '28 Mar 2021	System	19 Nov 2020 16:59:56
22 501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 236'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	02 Apr 2021 13:34:49
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-04-02T09:34:40-04:00', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '9978326d-1cdc-48ae-aafe-b850a98a4cc3'		
User entered 'No (N)'	System	02 Apr 2021 13:34:49

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	02 Apr 2021 13:34:49
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-04-02T09:34:43-04:00', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '9978326d-1cdc-48ae-aafe-b850a98a4cc3'		
User entered 'No (N)'	System	02 Apr 2021 13:34:49

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	02 Apr 2021 13:34:49
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-04-02T09:34:47-04:00', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '9978326d-1cdc-48ae-aafe-b850a98a4cc3'		
User entered '02 Apr 2021 09:34:47'	System	02 Apr 2021 13:34:49

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '31 Mar 2021 00:01'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '04 Apr 2021	System	19 Nov 2020 16:59:56
22, 501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 243'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	09 Apr 2021 16:42:45
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-04-09T12:42:33-04:00', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: 'c3597c66-9815-47cb-9a1c-d13ab846bb95'		
User entered 'No (N)'	System	09 Apr 2021 16:42:45

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	09 Apr 2021 16:42:45
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-04-09T12:42:37-04:00', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: 'c3597c66-9815-47cb-9a1c-d13ab846bb95'		
User entered 'No (N)'	System	09 Apr 2021 16:42:45

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	09 Apr 2021 16:42:45
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-04-09T12:42:40-04:00', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: 'c3597c66-9815-47cb-9a1c-d13ab846bb95'		
User entered '09 Apr 2021 12:42:40'	System	09 Apr 2021 16:42:45

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '07 Apr 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '11 Apr 2021	System	19 Nov 2020 16:59:56
22.50		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

**TIMEPOINT** 

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 250'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	16 Apr 2021 18:17:18
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-04-16T14:17:05-04:00', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: 'be0f135b-62e9-4163-a46f-4e176d0da2fc'		
User entered 'No (N)'	System	16 Apr 2021 18:17:18

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	16 Apr 2021 18:17:18
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-04-16T14:17:10-04:00', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: 'be0f135b-62e9-4163-a46f-4e176d0da2fc'		
User entered 'No (N)'	System	16 Apr 2021 18:17:18

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	16 Apr 2021 18:17:18
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-04-16T14:17:13-04:00', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: 'be0f135b-62e9-4163-a46f-4e176d0da2fc'		
User entered '16 Apr 2021 14:17:13'	System	16 Apr 2021 18:17:18

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '14 Apr 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '18 Apr 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 257'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	23 Apr 2021 16:01:01
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-04-23T12:00:24-04:00', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '281a3923-9b3a-4a87-b0c6-b0134eef54b8'		
User entered 'No (N)'	System	23 Apr 2021 16:01:01

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	23 Apr 2021 16:01:01
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-04-23T12:00:27-04:00', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '281a3923-9b3a-4a87-b0c6-b0134eef54b8'		
User entered 'No (N)'	System	23 Apr 2021 16:01:01

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	23 Apr 2021 16:01:01
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-04-23T12:00:32-04:00', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '281a3923-9b3a-4a87-b0c6-b0134eef54b8'		
User entered '23 Apr 2021 12:00:32'	System	23 Apr 2021 16:01:01

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '21 Apr 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '25 Apr 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 264'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

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 Apr 2021 04:18:37
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-04-28T07:22:56-04:00', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '542bb8cb-aa37-4e18-9668-4c0776415f31'		
User entered 'No (N)'	System	29 Apr 2021 04:18:37

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Have you been exposed to someone with 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 Apr 2021 04:18:37
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-04-28T07:23:00-04:00', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '542bb8cb-aa37-4e18-9668-4c0776415f31'		
User entered 'No (N)'	System	29 Apr 2021 04:18:37

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Date and time of submission

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not	System	29 Apr 2021 04:18:37
Provided', Location OID: 'ePRODevice		
(6430400B-1196-40D1-85F6-7981DCD30BC4)',		
Time: '2021-04-28T07:23:03-04:00', User OID:		
'PatientReportedOutcome (US3222061)', ODM File		
OID: '542bb8cb-aa37-4e18-9668-4c0776415f31'		
User entered '28 Apr 2021 07:23:03'	System	29 Apr 2021 04:18:37

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '28 Apr 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '02 May 2021 23:59'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 271'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '05 May 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '09 May 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 278'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '12 May 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '16 May 2021 23:59'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 285'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '19 May 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '23 May 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 292'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Open Date & Time

Audit	User

Amendment Manager: Data entry locked. System 19 Nov 2020 16:59:56

Amendment Manager: User entered '26 May 2021 System 19 Nov 2020 16:59:56

Time (GMT)

00:01'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '30 May 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 299'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '02 Jun 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '06 Jun 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 306'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '09 Jun 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '13 Jun 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 313'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '16 Jun 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '20 Jun 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 320'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '23 Jun 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '27 Jun 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 327'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '30 Jun 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '04 Jul 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 334'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '07 Jul 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '11 Jul 2021	System	19 Nov 2020 16:59:56
22.501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 341'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '14 Jul 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '18 Jul 2021 23:59'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 348'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '21 Jul 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '25 Jul 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 355'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '28 Jul 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '01 Aug 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 362'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient	Cloud (	Open .	Date	Čζ.	I ime

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '04 Aug 2021 00:01'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '08 Aug 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 369'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '11 Aug 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '15 Aug 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 376'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '18 Aug 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '22 Aug 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 383'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '25 Aug 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '29 Aug 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 390'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '01 Sep 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '05 Sep 2021	System	19 Nov 2020 16:59:56
22 501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 397'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '08 Sep 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '12 Sep 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 404'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '15 Sep 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '19 Sep 2021	System	19 Nov 2020 16:59:56
22 501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 411'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '22 Sep 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '26 Sep 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 418'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '29 Sep 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '03 Oct 2021	System	19 Nov 2020 16:59:56
22.50		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 425'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '06 Oct 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '10 Oct 2021	System	19 Nov 2020 16:59:56
22.50		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 432'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '13 Oct 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '17 Oct 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 439'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '20 Oct 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '24 Oct 2021	System	19 Nov 2020 16:59:56
22 501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 446'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '27 Oct 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '31 Oct 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 453'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '03 Nov 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '07 Nov 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 460'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '10 Nov 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '14 Nov 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 467'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '17 Nov 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '21 Nov 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 474'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '24 Nov 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '28 Nov 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 481'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '01 Dec 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '05 Dec 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 488'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '08 Dec 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '12 Dec 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 495'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '15 Dec 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '19 Dec 2021	System	19 Nov 2020 16:59:56
23:59'	-	

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 502'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '22 Dec 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '26 Dec 2021	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 509'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '29 Dec 2021	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '02 Jan 2022	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 516'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '05 Jan 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '09 Jan 2022	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 523'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '12 Jan 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '16 Jan 2022	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 530'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '19 Jan 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '23 Jan 2022	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 537'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '26 Jan 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '30 Jan 2022	System	19 Nov 2020 16:59:56
23:59'	-	

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 544'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '02 Feb 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '06 Feb 2022	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 551'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '09 Feb 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '13 Feb 2022	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 558'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '16 Feb 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '20 Feb 2022	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 565'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient	Cloud	Open	Date	& 1	ime

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '23 Feb 2022 00:01'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '27 Feb 2022	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 572'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '02 Mar 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '06 Mar 2022	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 579'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '09 Mar 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '13 Mar 2022	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 586'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '16 Mar 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '20 Mar 2022	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 593'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '23 Mar 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '27 Mar 2022 23:59'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 600'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '30 Mar 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '03 Apr 2022	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 607'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '06 Apr 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '10 Apr 2022	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 614'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '13 Apr 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '17 Apr 2022	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 621'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '20 Apr 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '24 Apr 2022	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 628'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '27 Apr 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '01 May 2022	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 635'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '04 May 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '08 May 2022	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 642'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '11 May 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '15 May 2022	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 649'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '18 May 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '22 May 2022	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 656'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '25 May 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '29 May 2022	System	19 Nov 2020 16:59:56
23:59'	-	

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 663'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '01 Jun 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '05 Jun 2022	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 670'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '08 Jun 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '12 Jun 2022	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 677'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '15 Jun 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '19 Jun 2022	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 684'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient	Cloud	Open	Date	& 1	ime

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '22 Jun 2022 00:01'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '26 Jun 2022	System	19 Nov 2020 16:59:56
22 501		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 691'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '29 Jun 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '03 Jul 2022 23:59'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 698'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '06 Jul 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '10 Jul 2022	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 705'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '13 Jul 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '17 Jul 2022	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 712'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '20 Jul 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '24 Jul 2022	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 719'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '27 Jul 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '31 Jul 2022	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 726'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '03 Aug 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '07 Aug 2022	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 733'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '10 Aug 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '14 Aug 2022	System	19 Nov 2020 16:59:56
23:59'	·	

EAB) (1725)

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 740'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '17 Aug 2022 00:01'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '21 Aug 2022	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 747'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '24 Aug 2022	System	19 Nov 2020 16:59:56

00:01'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '28 Aug 2022	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 754'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '31 Aug 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '04 Sep 2022	System	19 Nov 2020 16:59:56
23:59'	-	

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 761'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '07 Sep 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '11 Sep 2022	System	19 Nov 2020 16:59:56
22.50		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 768'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '14 Sep 2022 00:01'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '18 Sep 2022	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 775'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '21 Sep 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '25 Sep 2022	System	19 Nov 2020 16:59:56
22.50		

23:59'

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 782'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '28 Sep 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '02 Oct 2022	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 789'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '05 Oct 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53
Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '09 Oct 2022	System	19 Nov 2020 16:59:56
23:59'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered 'Day 796'	System	19 Nov 2020 16:59:56

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 11 Aug 2021 22:01:53

Patient Cloud Open Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '12 Oct 2022	System	19 Nov 2020 16:59:56
00:01'		

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary Generated On: 11 Aug 2021 22:01:53

Patient Cloud Close Date & Time

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 16:59:56
Amendment Manager: User entered '16 Oct 2022	System	19 Nov 2020 16:59:56
23:59'		

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Yes (Y)'	(b) (4), (b) (6)	17 Nov 2020 21:24:01

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered '03 Nov 2020'	(b) (4), (b) (6)	17 Nov 2020 21:24:01

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	17 Nov 2020 21:24:01

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Comments

# If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered empty.	(b) (4), (b) (6)	17 Nov 2020 21:24:01

Folder: Safety Call Day 85 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:01:53
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:10:46
User entered 'Yes (Y)'	(b) (4), (b) (6)	17 Nov 2020 21:24:16

Folder: Safety Call Day 85 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:01:53

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	04 Apr 2021 17:40:10
User entered '1'	System	17 Nov 2020 21:24:16

Folder: Safety Call Day 119 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 10:30:31
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	(b) (4), (b) (6)	04 Jan 2021 18:46:48

Folder: Safety Call Day 119 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 10:30:31
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '10 Dec 2020'	(b) (4), (b) (6)	04 Jan 2021 18:46:48

Folder: Safety Call Day 119 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 10:30:31
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	04 Jan 2021 18:46:48

Folder: Safety Call Day 119 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Comments

# If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 10:30:31
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered empty.	(b) (4), (b) (6)	04 Jan 2021 18:46:48

Folder: Safety Call Day 119 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:01:53
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 10:30:31
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	(b) (4), (b) (6)	04 Jan 2021 18:46:59

Folder: Safety Call Day 119 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:01:53

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 10:30:31
User entered '1'	System	04 Jan 2021 18:46:59

Folder: Safety Call Day 149 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 10:30:31
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	(b) (4), (b) (6)	04 Jan 2021 18:47:28

Folder: Safety Call Day 149 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 10:30:31
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '04 Jan 2021'	(b) (4), (b) (6)	04 Jan 2021 18:47:28

Folder: Safety Call Day 149 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 10:30:31
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Contact Made (CONTACT MADE)'	(b) (4), (b) (6)	04 Jan 2021 18:47:28

Folder: Safety Call Day 149 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Comments

# If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 10:30:31
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered empty.	(b) (4), (b) (6)	04 Jan 2021 18:47:28

Folder: Safety Call Day 149 (1)

**Form: Continuing** 

Generated On: 11 Aug 2021 22:01:53
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 10:30:31
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	(b) (4), (b) (6)	04 Jan 2021 18:47:37

Folder: Safety Call Day 149 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:01:53

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 10:30:31
User entered '1'	System	04 Jan 2021 18:47:37

Folder: Safety Call Day 179 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 10:30:31
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	25 Mar 2021 17:12:47
User entered 'Yes (Y)'	Diana Toney (b) (4) (b) (4)	08 Mar 2021 19:21:43

Folder: Safety Call Day 179 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 10:30:31
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	25 Mar 2021 17:12:47
User entered '02 Mar 2021'	Diana Toney (b) (4) (b) (4)	08 Mar 2021 19:21:43

Folder: Safety Call Day 179 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 10:30:31
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	25 Mar 2021 17:12:47
User entered 'Contact Made (CONTACT MADE)'	Diana Toney (b) (4) (b) (4)	08 Mar 2021 19:21:43

Folder: Safety Call Day 179 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Comments

# If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 10:30:31
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	25 Mar 2021 17:12:47
User entered empty.	Diana Toney (b) (4) (b) (4)	08 Mar 2021 19:21:43

Folder: Safety Call Day 179 (1)

**Form: Continuing** 

Generated On: 11 Aug 2021 22:01:53
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 10:30:31
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	25 Mar 2021 17:12:47
User entered 'Yes (Y)'	Diana Toney (b) (4) (b) (4)	08 Mar 2021 19:21:48

Folder: Safety Call Day 179 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:01:53

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	24 Apr 2021 10:30:31
User entered '1'	System	08 Mar 2021 19:21:48

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

Form: Visit Date

Generated On: 11 Aug 2021 22:01:53

Was this visit performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	25 Mar 2021 17:12:47
User entered 'Yes (Y)'	Diana Toney (b) (4) (b) (4)	08 Mar 2021 19:22:06

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

Form: Visit Date

Generated On: 11 Aug 2021 22:01:53

Visit date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	25 Mar 2021 17:12:47
User entered '08 Mar 2021'	Diana Toney (b) (4) (b) (4)	08 Mar 2021 19:22:06

Folder: Visit 4 Day 209 (1)

Form: Visit Date

Generated On: 11 Aug 2021 22:01:53

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 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	25 Mar 2021 17:12:47
User entered 'Clinic (Clinic)'	Diana Toney (b) (4) (b) (4)	08 Mar 2021 19:22:06

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

Form: Visit Date

Generated On: 11 Aug 2021 22:01:53

Folder OID

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered 'VISIT4'	System	08 Mar 2021 19:22:06

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

Generated On: 11 Aug 2021 22:01:53 Was the physical examination performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	25 Mar 2021 17:12:47
User entered 'No (N)'	Diana Toney (b) (4) (b) (4)	08 Mar 2021 19:22:19

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

Generated On: 11 Aug 2021 22:01:53 Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	25 Mar 2021 17:12:47
User entered empty.	Diana Toney (b) (4) (b) (4)	08 Mar 2021 19:22:19

Folder: Visit 4 Day 209 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:01:53

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	25 Mar 2021 17:12:47
User entered 'Yes (Y)'	Diana Toney (b) (4) (b) (4)	08 Mar 2021 19:22:42

Folder: Visit 4 Day 209 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:01:53

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	25 Mar 2021 17:12:47
User entered '08 Mar 2021'	Diana Toney (b) (4) (b) (4)	08 Mar 2021 19:22:42

Folder: Visit 4 Day 209 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:01:53

Collection time (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	25 Mar 2021 17:12:47
User entered '13:30'	Diana Toney (b) (4) (b) (4)	08 Mar 2021 19:22:42

Folder: Visit 4 Day 209 (1)

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:01:53 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered '08 Mar 2021 13:30'	System	08 Mar 2021 19:22:42

Folder: Visit 4 Day 209 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:01:53
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	25 Mar 2021 17:12:47
User entered 'Yes (Y)'	Diana Toney (b) (4) (b) (4)	08 Mar 2021 19:22:53

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

Form: Continuing

Generated On: 11 Aug 2021 22:01:53

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 07:03:46
User entered '1'	System	08 Mar 2021 19:22:53

Folder: Safety Call Day 239 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Was Contact Attempted?

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	26 Apr 2021 13:36:56
User entered 'Yes (Y)'	(b) (4) (b) (4), (b) (6)	09 Apr 2021 12:52:18

Folder: Safety Call Day 239 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	26 Apr 2021 13:36:56
User entered '09 Apr 2021'	(b) (4) (b) (4), (b) (6)	09 Apr 2021 12:52:18

Folder: Safety Call Day 239 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Please select one status for the follow-up contact

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	26 Apr 2021 13:36:56
User entered 'Contact Made (CONTACT MADE)'	(b) (4) (b) (4), (b) (6)	09 Apr 2021 12:52:18

Folder: Safety Call Day 239 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Comments

# If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	26 Apr 2021 13:36:56
User entered empty.	(b) (4) (b) (4), (b) (6)	09 Apr 2021 12:52:18

Folder: Safety Call Day 239 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:01:53
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	26 Apr 2021 13:36:56
User entered 'Yes (Y)'	(b) (4) (b) (4), (b) (6)	09 Apr 2021 12:52:25

Folder: Safety Call Day 239 (1)

Form: Continuing

Generated On: 11 Aug 2021 22:01:53

Continuing Flag

Audit	User	Time (GMT)
User entered '1'	System	09 Apr 2021 12:52:25

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

Form: Visit Date

Generated On: 11 Aug 2021 22:01:53

Was this visit performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:51:14

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

Form: Visit Date

Generated On: 11 Aug 2021 22:01:53

Visit date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '22 Jan 2021'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:51:14

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

Form: Visit Date

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'Clinic (Clinic)'	(b) (4) Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:51:14

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

Form: Visit Date

Generated On: 11 Aug 2021 22:01:53

Folder OID

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User entered 'UNBLND_DECIDE'	System	22 Jan 2021 20:51:14

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

Form: Unblinding

Generated On: 11 Aug 2021 22:01:53

Date of updated informed consent (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '22 Jan 2021'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:51:39

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

Form: Unblinding

Generated On: 11 Aug 2021 22:01:53

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 19:18:28
User signature succeeded.	Bruce Rankin (b) (4)	25 Mar 2021 17:12:47
User entered '0'	(b) (4) Diana Toney (b) (4)	08 Mar 2021 19:19:11
Amendment Manager inserted this DataPoint.	(b) (4) System	06 Mar 2021 03:33:47

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

Form: Unblinding

Generated On: 11 Aug 2021 22:01:53

Was the participant unblinded?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:51:39

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

Form: Unblinding

Generated On: 11 Aug 2021 22:01:53

Under what version of the Protocol was the Participant unblinded?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	25 Mar 2021 17:12:47
User entered 'Amendment 6 or later (Amendment 6 or later)'	Diana Toney (b) (4) (b) (4)	08 Mar 2021 19:19:11
Amendment Manager inserted this DataPoint.	System	06 Mar 2021 03:33:47

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

Form: Unblinding

Generated On: 11 Aug 2021 22:01:53
Date of unblinding (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '22 Jan 2021'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:51:39

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

Form: Unblinding

Generated On: 11 Aug 2021 22:01:53 Participant randomization assignment

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'mRNA-1273 (mRNA-1273)'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:51:39

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

Form: Unblinding

Generated On: 11 Aug 2021 22:01:53

Actual Dose 1

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'mRNA-1273 (mRNA-1273)'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:51:39

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

Form: Unblinding

Generated On: 11 Aug 2021 22:01:53

Actual Dose 2

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Not Administered (NA)'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:51:39

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

Form: Unblinding

Generated On: 11 Aug 2021 22:01:53 Will participant receive mRNA-1273?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:51:39

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

Form: Unblinding

Generated On: 11 Aug 2021 22:01:53

Placebo Only Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User entered empty.	System	22 Jan 2021 20:51:39

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

Form: Unblinding

Generated On: 11 Aug 2021 22:01:53

Continuing with mRNA-1273

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User entered '1'	System	22 Jan 2021 20:51:39

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

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:01:53

Height

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '147.3' cm	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:01:53

Weight

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '58.9' kg	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:01:53

BMI (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User entered '27.14625'	System	22 Jan 2021 20:54:04
DataPoint set to visible.	System	22 Jan 2021 20:51:39

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

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:01:53

Height

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '147.3' cm	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:01:53

Weight

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '58.9' kg	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:01:53

BMI (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User entered '27.14625'	System	22 Jan 2021 20:54:04
DataPoint set to visible.	System	22 Jan 2021 20:51:39

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:01:53

Timepoint

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User accepted default value 'Pre-Dose (PREDOSE)'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:01:53

Were vital signs assessed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:01:53
Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '22 Jan 2021'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '14:35'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:01:53 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User entered '22 Jan 2021 14:35'	System	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:01:53

Temperature (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '36.6' C	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:01:53

Route of measurement

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Oral (Oral)'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:01:53

If Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered empty.	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:01:53

Pulse (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '89'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:01:53

Pulse units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User entered 'bpm'	System	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:01:53

Respiratory Rate (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '16'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:01:53

Respiratory Rate units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User entered 'breaths/min'	System	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:01:53

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '124'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:01:53

Systolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User entered 'mmHg'	System	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:01:53

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '90'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing (1)

Generated On: 11 Aug 2021 22:01:53

Diastolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User entered 'mmHg'	System	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:01:53

Height

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '147.3' cm	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:01:53

Weight

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '58.9' kg	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing

Generated On: 11 Aug 2021 22:01:53

BMI (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User entered '27.14625'	System	22 Jan 2021 20:54:04
DataPoint set to visible.	System	22 Jan 2021 20:51:39

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:01:53

Timepoint

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User accepted default value 'Post-Dose (POSTDOSE)'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:01:53

Were vital signs assessed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:01:53
Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '22 Jan 2021'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '15:19'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:01:53 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User entered '22 Jan 2021 15:19'	System	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:01:53

Temperature (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '36.6' C	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:01:53

Route of measurement

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Oral (Oral)'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:01:53

If Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered empty.	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:01:53

Pulse (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '81'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:01:53

Pulse units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User entered 'bpm'	System	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:01:53

Respiratory Rate (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '16'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:01:53

Respiratory Rate units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User entered 'breaths/min'	System	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:01:53

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '138'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:01:53

Systolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User entered 'mmHg'	System	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:01:53

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '94'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:04

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

Form: Vital Signs - Dosing (2)

Generated On: 11 Aug 2021 22:01:53

Diastolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User entered 'mmHg'	System	22 Jan 2021 20:54:04

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

Form: Physical Examination

Generated On: 11 Aug 2021 22:01:53 Was the physical examination performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:15

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

Form: Physical Examination

Generated On: 11 Aug 2021 22:01:53
Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '22 Jan 2021'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:15

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

Form: Exposure

Generated On: 11 Aug 2021 22:01:53

Was study treatment given?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:51

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

Form: Exposure

Generated On: 11 Aug 2021 22:01:53

If No, reason not given

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered empty.	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:51

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

Form: Exposure

Generated On: 11 Aug 2021 22:01:53

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 19:18:28
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered empty.	(b) (4) Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:51

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

Form: Exposure

Generated On: 11 Aug 2021 22:01:53 What was the study treatment? (Unblinded)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User entered 'mRNA-1273'	System	22 Jan 2021 20:54:51
DataPoint set to visible.	System	22 Jan 2021 20:51:39

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

Form: Exposure

Generated On: 11 Aug 2021 22:01:53
What was the treatment date? (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '22 Jan 2021'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:51

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

Form: Exposure

Generated On: 11 Aug 2021 22:01:53 What was the treatment time? (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '14:48'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:51

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

Form: Exposure

Generated On: 11 Aug 2021 22:01:53 Treatment Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User entered '22 Jan 2021 14:48'	System	22 Jan 2021 20:54:51

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

Form: Exposure

Generated On: 11 Aug 2021 22:01:53 Which arm was used to give treatment?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Left Arm (LEFT ARM)'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:54:51

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

Form: Exposure

Generated On: 11 Aug 2021 22:01:53

What was the frequency of the study treatment dosing?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User entered 'ONCE'	System	22 Jan 2021 20:54:51

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

Form: Exposure

Generated On: 11 Aug 2021 22:01:53

What was the route of administration for the study treatment?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User entered 'INTRAMUSCULAR'	System	22 Jan 2021 20:54:51

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

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:01:53

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:55:17

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

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:01:53

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '22 Jan 2021'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:55:17

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

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:01:53

Collection time (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '14:05'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:55:17

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

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:01:53 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User entered '22 Jan 2021 14:05'	System	22 Jan 2021 20:55:17

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

Form: Central Laboratory - Nasopharyngeal Swab (Single)

Generated On: 11 Aug 2021 22:01:53

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:55:31

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

Form: Central Laboratory - Nasopharyngeal Swab (Single)

Generated On: 11 Aug 2021 22:01:53

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '22 Jan 2021'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:55:31

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

Form: Central Laboratory - Nasopharyngeal Swab (Single)

Generated On: 11 Aug 2021 22:01:53

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '14:07'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:55:31

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

Form: Central Laboratory - Nasopharyngeal Swab (Single)

Generated On: 11 Aug 2021 22:01:53 Collection Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User entered '22 Jan 2021 14:07'	System	22 Jan 2021 20:55:31

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

**Form: Continuing** 

Generated On: 11 Aug 2021 22:01:53
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	Diana Toney (b) (4) (b) (4)	22 Jan 2021 20:55:37

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

**Form: Continuing** 

Generated On: 11 Aug 2021 22:01:53

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	28 Apr 2021 19:18:28
User entered '1'	System	22 Jan 2021 20:55:37

Folder: Safety Call OL-D8 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Was Contact Attempted?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 10:30:32
User signature succeeded.	Vicki Miller (b) (4) (b) (4)	02 Mar 2021 21:29:42
User entered 'Yes (Y)'	Diana Toney (b) (4) (b) (4)	02 Mar 2021 11:12:34

Folder: Safety Call OL-D8 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Date of Contact or Contact Attempt (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 10:30:32
User signature succeeded.	Vicki Miller (b) (4) (b) (4)	02 Mar 2021 21:29:42
User entered '01 Feb 2021'	Diana Toney (b) (4) (b) (4)	02 Mar 2021 11:12:34

Folder: Safety Call OL-D8 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Please select one status for the follow-up contact

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 10:30:32
User signature succeeded.	Vicki Miller (b) (4) (b) (4)	02 Mar 2021 21:29:42
User entered 'Contact Made (CONTACT MADE)'	Diana Toney (b) (4) (b) (4)	02 Mar 2021 11:12:34

Folder: Safety Call OL-D8 (1)

Form: Safety Call

Generated On: 11 Aug 2021 22:01:53

Comments

## If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 10:30:32
User signature succeeded.	Vicki Miller (b) (4)	02 Mar 2021 21:29:42
User entered empty.	(b) (4) Diana Toney (b) (4) (b) (4)	02 Mar 2021 11:12:34

Folder: Safety Call OL-D8 (1)

**Form: Continuing** 

Generated On: 11 Aug 2021 22:01:53
Is the participant continuing to the next visit?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 10:30:32
User signature succeeded.	Vicki Miller (b) (4) (b) (4)	02 Mar 2021 21:29:42
User entered 'Yes (Y)'	Diana Toney (b) (4) (b) (4)	02 Mar 2021 11:12:40

Folder: Safety Call OL-D8 (1)

**Form: Continuing** 

Generated On: 11 Aug 2021 22:01:53

Continuing Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 10:30:32
User entered '1'	System	02 Mar 2021 11:12:40

Folder: Safety Call OL-D8 (1)

**Form: Continuing** 

Generated On: 11 Aug 2021 22:01:53

OLD29 Placebo Flag

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 10:30:32
User entered '1' DataPoint set to visible.	System System	02 Mar 2021 11:12:40 02 Mar 2021 11:12:40

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

Generated On: 11 Aug 2021 22:01:53

Was this visit performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 09:04:13
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	25 Mar 2021 17:12:47
User entered 'Yes (Y)'	Diana Toney (b) (4) (b) (4)	08 Mar 2021 19:20:05

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

Generated On: 11 Aug 2021 22:01:53

Visit date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 09:04:13
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	25 Mar 2021 17:12:47
User closed query 'OL-D29 Visit Date is < 25 days o > 42 days after the Participant Decision visit vaccination. Please reconcile or confirm dates.' (Site from System).		09 Mar 2021 15:26:00
Query 'OL-D29 Visit Date is < 25 days or > 42 days after the Participant Decision visit vaccination. Pleas reconcile or confirm dates.' answered with 'OOW BY 4 DAYS DEVIATION CREATED' (Site from System).	e (b) (4)	08 Mar 2021 23:03:14
User opened query 'OL-D29 Visit Date is < 25 days or > 42 days after the Participant Decision visit vaccination. Please reconcile or confirm dates.' (Site from System).	System	08 Mar 2021 19:20:05
User entered '08 Mar 2021'	Diana Toney (b) (4) (b) (4)	08 Mar 2021 19:20:05

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

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 09:04:13
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	25 Mar 2021 17:12:47
User entered 'Clinic (Clinic)'	Diana Toney (b) (4) (b) (4)	08 Mar 2021 19:20:05

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

Generated On: 11 Aug 2021 22:01:53

Folder OID

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 09:04:13
User entered 'OLD29'	System	08 Mar 2021 19:20:05

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

Generated On: 11 Aug 2021 22:01:53

Were vital signs assessed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 09:04:13
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	25 Mar 2021 17:12:47
User entered 'No (N)'	Diana Toney (b) (4) (b) (4)	08 Mar 2021 19:20:24

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

Generated On: 11 Aug 2021 22:01:53
Date of assessment (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 09:04:13
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	25 Mar 2021 17:12:47
User entered empty.	Diana Toney (b) (4) (b) (4)	08 Mar 2021 19:20:24

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

Generated On: 11 Aug 2021 22:01:53 Time of assessment (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 09:04:13
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	25 Mar 2021 17:12:47
User entered empty.	Diana Toney (b) (4) (b) (4)	08 Mar 2021 19:20:24

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

Generated On: 11 Aug 2021 22:01:53 Vital Signs Date and Time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 09:04:13
User entered empty.	System	08 Mar 2021 19:20:24

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

Generated On: 11 Aug 2021 22:01:53

Temperature (xxx.x)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 09:04:13
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	25 Mar 2021 17:12:47
User entered empty.	Diana Toney (b) (4) (b) (4)	08 Mar 2021 19:20:24

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

Generated On: 11 Aug 2021 22:01:53

Route of measurement

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 09:04:13
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	25 Mar 2021 17:12:47
User entered empty.	Diana Toney (b) (4) (b) (4)	08 Mar 2021 19:20:24

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

Generated On: 11 Aug 2021 22:01:53

If Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 09:04:13
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	25 Mar 2021 17:12:47
User entered empty.	Diana Toney (b) (4) (b) (4)	08 Mar 2021 19:20:24

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

Generated On: 11 Aug 2021 22:01:53

Pulse (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 09:04:13
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	25 Mar 2021 17:12:47
User entered empty.	Diana Toney (b) (4) (b) (4)	08 Mar 2021 19:20:24

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

Generated On: 11 Aug 2021 22:01:53

Pulse units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 09:04:13
User entered empty.	System	08 Mar 2021 19:20:24

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

Generated On: 11 Aug 2021 22:01:53

Respiratory Rate (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 09:04:13
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	25 Mar 2021 17:12:47
User entered empty.	Diana Toney (b) (4) (b) (4)	08 Mar 2021 19:20:24

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

Generated On: 11 Aug 2021 22:01:53

Respiratory Rate units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 09:04:13
User entered empty.	System	08 Mar 2021 19:20:24

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

Generated On: 11 Aug 2021 22:01:53

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 09:04:13
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	25 Mar 2021 17:12:47
User entered empty.	Diana Toney (b) (4) (b) (4)	08 Mar 2021 19:20:24

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

Generated On: 11 Aug 2021 22:01:53

Systolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 09:04:13
User entered empty.	System	08 Mar 2021 19:20:24

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

Generated On: 11 Aug 2021 22:01:53

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 09:04:13
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	25 Mar 2021 17:12:47
User entered empty.	Diana Toney (b) (4) (b) (4)	08 Mar 2021 19:20:24

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

Generated On: 11 Aug 2021 22:01:53

Diastolic Blood Pressure units

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 09:04:13
User entered empty.	System	08 Mar 2021 19:20:24

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

Generated On: 11 Aug 2021 22:01:53

Height (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 09:04:13

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

Generated On: 11 Aug 2021 22:01:53

Weight (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 09:04:13

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

Form: Physical Examination

Generated On: 11 Aug 2021 22:01:53 Was the physical examination performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 09:04:13
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	25 Mar 2021 17:12:47
User entered 'No (N)'	Diana Toney (b) (4) (b) (4)	08 Mar 2021 19:20:33

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

Form: Physical Examination

Generated On: 11 Aug 2021 22:01:53
Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 09:04:13
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	25 Mar 2021 17:12:47
User entered empty.	Diana Toney (b) (4) (b) (4)	08 Mar 2021 19:20:33

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

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:01:53

Was the sample collected?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 09:04:13
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	25 Mar 2021 17:12:47
User entered 'Yes (Y)'	Diana Toney (b) (4) (b) (4)	08 Mar 2021 19:20:58

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

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:01:53

Collection date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 09:04:13
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	25 Mar 2021 17:12:47
User entered '08 Mar 2021'	Diana Toney (b) (4) (b) (4)	08 Mar 2021 19:20:58

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

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:01:53

Collection time (00:00-23:59)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 09:04:13
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	25 Mar 2021 17:12:47
User entered '13:30'	Diana Toney (b) (4) (b) (4)	08 Mar 2021 19:20:58

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

Form: Immunogenicity Assessment Generated On: 11 Aug 2021 22:01:53 Collection date and time (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	29 Apr 2021 09:04:13
User entered '08 Mar 2021 13:30'	System	08 Mar 2021 19:20:58

**Folder: Adverse Events** 

Form: Adverse Events Summary Generated On: 11 Aug 2021 22:01:53

Did the participant experience any adverse events?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	03 May 2021 10:33:02
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)' reason for change: Data Entry Error	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:33:59
User entered 'No (N)'	Crystal Paccione (b) (4) (b) (4)	10 Aug 2020 17:24:41

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:01:53

Adverse event

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User closed query 'Per MM, please confirm if the breast mass is benign or malignant.' (Site from DM).	(b) (4), (b) (6)	28 Dec 2020 15:51:27
Query 'Per MM, please confirm if the breast mass is benign or malignant.' answered with 'SUBJECT WAS SCHEDULED TO HAVE A BIOPSY, BUT	Albert Garcia (b) (4) (b) (4)	18 Dec 2020 16:59:00
THOSE RESULTS HAVE NOT BEEN REPORTED	)	
TO THIS SITE. '(Site from DM).  User opened query 'Per MM, please confirm if the breast mass is benign or malignant.' (Site from DM).	(b) (4), (b) (6)	11 Dec 2020 23:20:37
User coded data point as SOC: Reproductive system and breast disorders, HLGT: Breast disorders, HLT:		15 Sep 2020 06:26:46
Breast disorders NEC, PT: Breast mass, LLT: Breast mass - version MedDRA\\23.0.		
User coded data point as Term Coded data point by User: (b) (6) - version MedDRA\\23.0.	Coder Import (b) (4) (b) (4)	15 Sep 2020 06:26:46
Data point term sent to Coder	System	14 Sep 2020 19:36:50
User entered 'MASS ON RIGHT BREAST POSSITIVE FOR CANCER'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:36:06

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:01:53 Was this a medically-attended AE?

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	(b) (4) Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:36:06

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:01:53 Was this a Solicited Adverse Reaction?

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'No (N)'	(b) (4) Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:36:06

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:01:53

Is this event a confirmed diagnosis of Symptomatic Covid-19?

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'No (N)'	(b) (4) Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:36:06

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:01:53

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered '4 Sep 2020'	(b) (4) Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:36:06

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:01:53

Start time (00:00-23:59)

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User closed query 'Start time is present for an AE that did not start within 24 hours after dosing. Please	(b) (4) atSystem	14 Sep 2020 19:36:44
remove the Start time.' (Site from System).		
User entered empty; reason for change Data Entry	Amber Vasquez (b) (4)	14 Sep 2020 19:36:44
Error	(b) (4)	
User entered '00:00' reason for change: Data Entry Error	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:36:32
User opened query 'Start time is present for an AE that did not start within 24 hours after dosing. Please remove the Start time.' (Site from System).	System	14 Sep 2020 19:36:06
User entered '00:01'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:36:06

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:01:53

AE start date and time (derived)

Audit	User	Time (GMT)
User entered empty.	System	14 Sep 2020 19:36:44
User entered '4 Sep 2020 00:00'	System	14 Sep 2020 19:36:32
User entered '4 Sep 2020 00:01'	System	14 Sep 2020 19:36:06

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:01:53

Ongoing?

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	(b) (4) Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:36:06

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:01:53
If not Ongoing, end date (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered empty.	(b) (4) Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:36:06

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:01:53

End time (00:00-23:59)

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered empty.	(b) (4) Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:36:06

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:01:53

AE End Date and Time (derived)

Audit	User	Time (GMT)
User entered empty.	System	14 Sep 2020 19:36:06

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:01:53

Severity

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'Grade 3/Severe (Grade 3/Severe)'	(b) (4) Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:36:06

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:01:53

Is the adverse event serious?

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User closed query 'Per MM, please confirm if this event does not meet serious criteria due to its medica significance' (Site from DM).	(b) (4), (b) (6)	15 Oct 2020 13:17:50
User closed query 'Is the adverse event serious is Yes, but seriousness criteria is missing. Please check at least one criteria from the options below.' (Site from System).	System	12 Oct 2020 15:23:23
User entered 'No (N)' reason for change: Data Entry Error	Albert Garcia (b) (4) (b) (4)	12 Oct 2020 15:23:23
Query 'Per MM, please confirm if this event does not meet serious criteria due to its medical significance' answered with 'AWAITING DISCHARGE SUMMARY.' (Site from DM).	Albert Garcia (b) (4) (b) (4)	12 Oct 2020 15:22:58
User opened query 'Is the adverse event serious is Yes, but seriousness criteria is missing. Please check at least one criteria from the options below.' (Site from System).	System	12 Oct 2020 15:22:48
User entered 'Yes (Y)' reason for change: Data Entry Error	Albert Garcia (b) (4) (b) (4)	12 Oct 2020 15:22:48
User opened query 'Per MM, please confirm if this event does not meet serious criteria due to its medica significance' (Site from DM).	(b) (4), (b) (6)	02 Oct 2020 17:40:41
User entered 'No (N)'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:36:06

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:01:53

Death

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered '0'	(b) (4) Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:36:06

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:01:53

Life threatening

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered '0'	(b) (4) Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:36:06

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:01:53

Requires inpatient or prolongation of existing Hospitalization

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered '0'	(b) (4) Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:36:06

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:01:53 Hospital Admission Date (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered empty.	(b) (4) Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:36:06

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:01:53 Hospital Discharge Date (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered empty.	(b) (4) Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:36:06

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:01:53

Admitted to ICU?

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered empty.	(b) (4) Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:36:06

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:01:53

Number of Days in ICU

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered empty.	(b) (4) Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:36:06

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:01:53

Persistent or significant disability or incapacity

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered '0'	(b) (4) Amber Vasquez (b) (4)	14 Sep 2020 19:36:06
	(b) (4)	

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:01:53 Congenital anomaly or birth defect

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered '0'	(b) (4) Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:36:06

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:01:53

Other medically important event

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered '0'	(b) (4) Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:36:06

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:01:53 Relationship to investigational product

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
	(b) (4)	25.0 2020 12.17.17
Query 'Action taken with investigational product is	(b) (4), (b) (6)	25 Sep 2020 13:17:17
recorded as Withdrawn; however Relationship is not recorded as Related. Please review and reconcile.'		
canceled (Site from System).		
Comment added 'PATIENT HAS A DX OF	Amber Vasquez (b) (4)	14 Sep 2020 19:37:46
CANCER AND WILL BE WITHDRAWN FROM	(b) (4)	11 Sep 2020 17.37.10
IP. HOWEVER, IP IS NOT RELATED TO THE	( ) ( )	
RECENT DX.'.		
User opened query 'Action taken with investigational	System	14 Sep 2020 19:36:06
product is recorded as Withdrawn; however		
Relationship is not recorded as Related. Please		
review and reconcile.' (Site from System).		
User entered 'Not Related (NOT RELATED)'	Amber Vasquez (b) (4)	14 Sep 2020 19:36:06
	(b) (4)	

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:01:53

Relationship to Study Procedure

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User closed query 'Per CDM: AE started after First Dose, however 'Relationship to Study Procedure' is 'Not Applicable'. Please review and update as appropriate. Thank you.  ' (Site from DM).	(b) (4), (b) (6)	23 Nov 2020 13:21:59
Query 'Per CDM: AE started after First Dose, however 'Relationship to Study Procedure' is 'Not Applicable'. Please review and update as appropriate Thank you.  'answered with 'UPDATED' (Site from DM).	Albert Garcia (b) (4) (b) (4)	18 Nov 2020 12:48:01
User entered 'Not Related (NOT RELATED)' reason for change: Data Entry Error	Albert Garcia (b) (4) (b) (4)	18 Nov 2020 12:46:53
User opened query 'Per CDM: AE started after First Dose, however 'Relationship to Study Procedure' is 'Not Applicable'. Please review and update as appropriate. Thank you. ' (Site from DM).	(b) (4), (b) (6)	18 Nov 2020 06:09:03
User entered 'Not Applicable (NOT APPLICABLE)	(b) (4) (b) (4)	14 Sep 2020 19:36:06

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:01:53
Action taken with investigational product

Audit	User	Time (GMT)
User closed query 'Action Taken with Investigational	System	06 Mar 2021 14:49:33
Product is Withdrawn, however Primary reason for		
Dosing Discontinuation is NOT AE (specify) or SAE		
(specify). Please review and reconcile.' (Site from		
System).		
Query 'Action Taken with Investigational Product is	System	06 Mar 2021 14:49:33
Withdrawn, however Primary reason for Dosing		
Discontinuation is NOT AE (specify) or SAE		
(specify). Please review and reconcile.' answered by		
data change (Site from System).		
User opened query 'Action Taken with	System	06 Mar 2021 14:49:01
Investigational Product is Withdrawn, however		
Primary reason for Dosing Discontinuation is NOT		
AE (specify) or SAE (specify). Please review and		
reconcile.' (Site from System).		
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
Hear alocad grows 'Don DM CLD, Action Tolton with	(b) (4) (b) (4), (b) (6)	05 Nov 2020 13:39:06
User closed query 'Per DM CLR: Action Taken with Investigational Product = Investigational Product	(b) (4), (b) (6)	03 NOV 2020 13:39:00
Withdrawn. Ensure this is reflected in treatment		
discontinuation if applicable. Review and update.		
Else, clarify.' (Site from DM).		
Query 'Per DM CLR: Action Taken with	Albert Garcia (b) (4)	12 Oct 2020 15:23:55
Investigational Product = Investigational Product	(b) (4)	12 Oct 2020 13.23.33
Withdrawn. Ensure this is reflected in treatment	(0) (1)	
discontinuation if applicable. Review and update.		
Else, clarify.' answered with 'UPDATED' (Site from		
DM).		
User opened query 'Per DM CLR: Action Taken with	(b) (4), (b) (6)	01 Oct 2020 04:56:45
Investigational Product = Investigational Product	(-) (-) (-)	
Withdrawn. Ensure this is reflected in treatment		
discontinuation if applicable. Review and update.		
Else, clarify.' (Site from DM).		
User entered 'Investigational Product Withdrawn	Amber Vasquez (b) (4)	14 Sep 2020 19:36:06
(WITHDRAWN)'	(b) (4)	

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:01:53

None

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	26 Apr 2021 13:36:56
Signature has been broken.	(b) (4) Crystal Paccione (b) (4)	05 Apr 2021 19:05:22
User signature succeeded.	(b) (4) Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered '0'	(b) (4) Amber Vasquez (b) (4)	14 Sep 2020 19:36:06
	(b) (4)	

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:01:53

**Concomitant Medication** 

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered '0'	(b) (4) Amber Vasquez (b) (4)	14 Sep 2020 19:36:06
	(b) (4)	

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:01:53

Concomitant Procedure

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User closed query 'Per DM CLR: Treatment Require		05 Nov 2020 13:39:03
= Con Procedure, however there is no Concomitant		
Procedure recorded that matches this AE during this		
timeframe. Please review and add a Con Procedure a	S	
appropriate or update action taken.' (Site from DM).		
Query 'Per DM CLR: Treatment Required = Con	Albert Garcia (b) (4)	12 Oct 2020 15:24:22
Procedure, however there is no Concomitant	(b) (4)	
Procedure recorded that matches this AE during this		
timeframe. Please review and add a Con Procedure a	S	
appropriate or update action taken.' answered with		
WE ARE AWAITING THE PT TO PROVIDE AN		
UPDATE' (Site from DM).	(1) (1) (1) (2)	
User opened query 'Per DM CLR: Treatment	(b) (4), (b) (6)	01 Oct 2020 04:56:51
Required = Con Procedure, however there is no		
Concomitant Procedure recorded that matches this		
AE during this timeframe. Please review and add a		
Con Procedure as appropriate or update action taken	.'	
(Site from DM).		
User entered '1'	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:36:06

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:01:53

Outcome

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User closed query 'Data is required. Please complete.' (Site from System).	System	14 Sep 2020 19:37:56
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	14 Sep 2020 19:37:56
User entered 'Not Recovered/Not Resolved (NOT RECOVERED/NOT RESOLVED)' reason for change: Data Entry Error	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:37:56
User opened query 'Data is required. Please complete.' (Site from System).	System	14 Sep 2020 19:36:06
User entered empty.	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:36:06

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:01:53

If outcome is Recovered/Resolved with Sequelae, please specify the sequelae:

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered empty.	(b) (4) Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:36:06

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:01:53

Narrative

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User closed query 'AE Serious is Yes but SAE Narrative is missing. Please provide.' (Site from System).	System	12 Oct 2020 15:23:23
Query 'AE Serious is Yes but SAE Narrative is missing. Please provide.' answered by data change (Site from System).	System	12 Oct 2020 15:23:23
User opened query 'AE Serious is Yes but SAE Narrative is missing. Please provide.' (Site from System).	System	12 Oct 2020 15:22:48
User entered empty.	Amber Vasquez (b) (4) (b) (4)	14 Sep 2020 19:36:06

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:01:53

Serious Adverse Event Derived (CSA Programming Field Ony)

Audit	User	Time (GMT)
User entered '0'	System	12 Oct 2020 15:23:23
User entered '1'	System	12 Oct 2020 15:22:48
User entered '0'	System	14 Sep 2020 19:36:06

Folder: Adverse Events Form: Adverse Events (1)

Generated On: 11 Aug 2021 22:01:53

Medically Attended AE Derived (CSA Programming Field Only)

Audit	User	Time (GMT)
User entered '1'	System	14 Sep 2020 19:36:06

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination Summary

Generated On: 11 Aug 2021 22:01:53

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

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	03 May 2021 10:33:02
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:31:53

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

Generated On: 11 Aug 2021 22:01:53

Name of Medication

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User coded data point as ATC:	(b) (4) Coder Import (b) (4)	16 Sep 2020 11:33:50
CARDIOVASCULAR SYSTEM, ATC: LIPID	(b) (4)	
MODIFYING AGENTS, ATC: LIPID MODIFYING	3	
AGENTS, PLAIN, ATC: HMG COA REDUCTASE	3	
INHIBITORS, PRODUCT: ATORVASTATIN -		
version WHODrug-Global-B3\\202003.		
User coded data point as Term Coded data point by	Coder Import (b) (4)	16 Sep 2020 11:33:50
User: Coder System - version	(b) (4)	
WHODrug-Global-B3\\202003.		
Data point term sent to Coder	System	16 Sep 2020 11:33:18
User entered 'ATORVASTATIN'	Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:32:56

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

Generated On: 11 Aug 2021 22:01:53

Prophylaxis

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'No (N)' reason for change: Data Entry	(b) (4) Albert Garcia (b) (4)	13 Nov 2020 15:18:48
Error	(b) (4)	
User entered 'Yes (Y)'	Amber Vasquez (b) (4)	16 Sep 2020 11:32:56
	(b) (4)	

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

Generated On: 11 Aug 2021 22:01:53

Indication

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'HYPERLIPIDEMIA'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:32:56

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

Generated On: 11 Aug 2021 22:01:53

Dose per administration

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered '20'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:32:56

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

Generated On: 11 Aug 2021 22:01:53

Dose unit

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'mg (mg)'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:32:56

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

Generated On: 11 Aug 2021 22:01:53

If dose unit is Other, specify

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered empty.	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:32:56

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

Generated On: 11 Aug 2021 22:01:53

Frequency

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'unknown (UNKNOWN)'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:32:56

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

Generated On: 11 Aug 2021 22:01:53

If frequency is Other, specify

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered empty.	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:32:56

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

Generated On: 11 Aug 2021 22:01:53

Route of administration

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'Oral (ORAL)'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:32:56

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

Generated On: 11 Aug 2021 22:01:53
If route of administration is Other, specify

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered empty.	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:32:56

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

Generated On: 11 Aug 2021 22:01:53

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered '01 Jan 2005'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:32:56

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

Generated On: 11 Aug 2021 22:01:53

Start date completely unknown

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered '0'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:32:56

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

Generated On: 11 Aug 2021 22:01:53

Ongoing?

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:32:56

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

Generated On: 11 Aug 2021 22:01:53
If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered empty.	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:32:56

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

Generated On: 11 Aug 2021 22:01:53

Was this medication taken for solicited event?

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'No (N)'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:32:56

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

Generated On: 11 Aug 2021 22:01:53 Separate Dosage Number (derived)

Audit	User	Time (GMT)
User entered empty.	System	16 Sep 2020 11:32:56

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

Generated On: 11 Aug 2021 22:01:53 Interval Dosage Unit Number (derived)

Audit	User	Time (GMT)
User entered empty.	System	16 Sep 2020 11:32:56

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

Generated On: 11 Aug 2021 22:01:53 Interval Dosage Definition (derived)

Audit	User	Time (GMT)
User entered empty.	System	16 Sep 2020 11:32:56

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

Generated On: 11 Aug 2021 22:01:53

Name of Medication

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User coded data point as ATC: CARDIOVASCULAR SYSTEM, ATC: AGENTS ACTING ON THE RENIN-ANGIOTENSIN SYSTEM, ATC: ANGIOTENSIN II RECEPTOR BLOCKERS (ARBS), PLAIN, ATC: ANGIOTENSIN II RECEPTOR BLOCKERS (ARBS), PLAIN, PRODUCT: LOSARTAN - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	16 Sep 2020 11:36:52
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4)	16 Sep 2020 11:36:52
Data point term sent to Coder User entered 'LOSARTAN'	System Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:35:22 16 Sep 2020 11:34:23

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

Generated On: 11 Aug 2021 22:01:53

Prophylaxis

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:34:23

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

Generated On: 11 Aug 2021 22:01:53

Indication

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User closed query 'Per DM CLR: Please note that thi condition is not recorded on the MH eCRF. Please review Con Med use and add a medical condition and all applicable details to the appropriate MH eCRF.' (Site from DM).	s (b) (4), (b) (6)	21 Nov 2020 10:19:35
Query 'Per DM CLR: Please note that this condition is not recorded on the MH eCRF. Please review Con Med use and add a medical condition and all applicable details to the appropriate MH eCRF.' answered with 'UPDATED' (Site from DM).		13 Nov 2020 15:24:56
User opened query 'Per DM CLR: Please note that this condition is not recorded on the MH eCRF. Please review Con Med use and add a medical condition and all applicable details to the appropriate MH eCRF.' (Site from DM).	(b) (4), (b) (6)	29 Oct 2020 21:16:25
User entered 'HYPERTENSION'	Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:34:23

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

Generated On: 11 Aug 2021 22:01:53

Dose per administration

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered '50'	(b) (4) Amber Vasquez (b) (4)	16 Sep 2020 11:34:23
	(b) (4)	

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

Generated On: 11 Aug 2021 22:01:53

Dose unit

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'mg (mg)'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:34:23

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

Generated On: 11 Aug 2021 22:01:53

If dose unit is Other, specify

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered empty.	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:34:23

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

Generated On: 11 Aug 2021 22:01:53

Frequency

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'once daily (QD)'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:34:23

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

Generated On: 11 Aug 2021 22:01:53

If frequency is Other, specify

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered empty.	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:34:23

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

Generated On: 11 Aug 2021 22:01:53

Route of administration

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'Oral (ORAL)'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:34:23

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

Generated On: 11 Aug 2021 22:01:53
If route of administration is Other, specify

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered empty.	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:34:23

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

Generated On: 11 Aug 2021 22:01:53

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered '01 Jan 2010'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:34:23

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

Generated On: 11 Aug 2021 22:01:53

Start date completely unknown

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered '0'	(b) (4) Amber Vasquez (b) (4)	16 Sep 2020 11:34:23
	(b) (4)	

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

Generated On: 11 Aug 2021 22:01:53

Ongoing?

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:34:23

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

Generated On: 11 Aug 2021 22:01:53
If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered empty.	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:34:23

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

Generated On: 11 Aug 2021 22:01:53

Was this medication taken for solicited event?

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'No (N)'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:34:23

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

Generated On: 11 Aug 2021 22:01:53 Separate Dosage Number (derived)

Audit	User	Time (GMT)
User entered '1'	System	16 Sep 2020 11:34:23

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

Generated On: 11 Aug 2021 22:01:53 Interval Dosage Unit Number (derived)

Audit	User	Time (GMT)
User entered '1'	System	16 Sep 2020 11:34:23

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

Generated On: 11 Aug 2021 22:01:53 Interval Dosage Definition (derived)

Audit	User	Time (GMT)
User entered '804 (804)'	System	16 Sep 2020 11:34:23

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

Generated On: 11 Aug 2021 22:01:53

Name of Medication

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User coded data point as ATC: CARDIOVASCULAR SYSTEM, ATC: BETA BLOCKING AGENTS, ATC: BETA BLOCKING AGENTS, ATC: BETA BLOCKING AGENTS, SELECTIVE, PRODUCT: METOPROLOL - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	16 Sep 2020 11:36:53
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4)	16 Sep 2020 11:36:53
Data point term sent to Coder User entered 'METOPROLOL'	System Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:36:22 16 Sep 2020 11:35:38

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

Generated On: 11 Aug 2021 22:01:53

**Prophylaxis** 

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	(b) (4) Amber Vasquez (b) (4)	16 Sep 2020 11:35:38
	(b) (4)	

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

Generated On: 11 Aug 2021 22:01:53

Indication

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'HYPERTENSION'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:35:38

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

Generated On: 11 Aug 2021 22:01:53

Dose per administration

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered '25'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:35:38

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

Generated On: 11 Aug 2021 22:01:53

Dose unit

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'mg (mg)'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:35:38

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

Generated On: 11 Aug 2021 22:01:53

If dose unit is Other, specify

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered empty.	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:35:38

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

Generated On: 11 Aug 2021 22:01:53

Frequency

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'once daily (QD)'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:35:38

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

Generated On: 11 Aug 2021 22:01:53

If frequency is Other, specify

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered empty.	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:35:38

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

Generated On: 11 Aug 2021 22:01:53

Route of administration

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'Oral (ORAL)'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:35:38

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

Generated On: 11 Aug 2021 22:01:53
If route of administration is Other, specify

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered empty.	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:35:38

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

Generated On: 11 Aug 2021 22:01:53

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered '01 Jan 2018'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:35:38

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

Generated On: 11 Aug 2021 22:01:53

Start date completely unknown

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered '0'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:35:38

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

Generated On: 11 Aug 2021 22:01:53

Ongoing?

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:35:38

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

Generated On: 11 Aug 2021 22:01:53
If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered empty.	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:35:38

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

Generated On: 11 Aug 2021 22:01:53

Was this medication taken for solicited event?

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'No (N)'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:35:38

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

Generated On: 11 Aug 2021 22:01:53 Separate Dosage Number (derived)

Audit	User	Time (GMT)
User entered '1'	System	16 Sep 2020 11:35:38

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

Generated On: 11 Aug 2021 22:01:53 Interval Dosage Unit Number (derived)

Audit	User	Time (GMT)
User entered '1'	System	16 Sep 2020 11:35:38

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

Generated On: 11 Aug 2021 22:01:53 Interval Dosage Definition (derived)

Audit	User	Time (GMT)
User entered '804 (804)'	System	16 Sep 2020 11:35:38

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

Generated On: 11 Aug 2021 22:01:53

Name of Medication

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User coded data point as ATC: RESPIRATORY SYSTEM, ATC: DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES, ATC: ADRENERGICS, INHALANTS, ATC: ADRENERGICS IN COMBINATIONS WITH ANTICHOLINERGICS INCL. TRIPLE COMBINATIONS WITH CORTICOSTEROIDS, PRODUCT: FLUTICASONE FUROATE; UMECLIDINIUM BROMIDE; VILANTEROL TRIFENATATE, PRODUCTSYNONYM: TRELEGY ELLIPTA version WHODrug-Global-B3\\202003.	(b) (4) Coder Import (b) (4) (b) (4)	13 Oct 2020 12:07:58
User coded data point as Term Coded data point by User: (b) (6) - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	13 Oct 2020 12:07:58
Data point term sent to Coder	System	12 Oct 2020 15:26:44
Coding entries removed.	Albert Garcia (b) (4)	12 Oct 2020 15:25:45
User coded data point as ATC: RESPIRATORY SYSTEM, ATC: DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES, ATC: ADRENERGICS, INHALANTS, ATC: ADRENERGICS IN COMBINATIONS WITH ANTICHOLINERGICS INCL. TRIPLE COMBINATIONS WITH CORTICOSTEROIDS, PRODUCT: FLUTICASONE FUROATE; UMECLIDINIUM BROMIDE; VILANTEROL TRIFENATATE, PRODUCTSYNONYM: TRELEGY ELLIPTA - version WHODrug-Global-B3\\202003.	(b) (4) Coder Import (b) (4) (b) (4)	28 Sep 2020 12:02:42
User coded data point as Term Coded data point by User: (b) (6) - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	28 Sep 2020 12:02:42
Data point term sent to Coder User closed query 'CDM-Coding: The trade name ELIPTA cannot be referred in the standard coding dictionary. Please enter the active ingredient(s) with drug name in drug name field and please make your changes to the reported term. ' (Site from System).	System System	21 Sep 2020 18:13:54 21 Sep 2020 18:13:05

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

Generated On: 11 Aug 2021 22:01:53

Name of Medication

Audit	User	Time (GMT)
Query 'CDM-Coding: The trade name ELIPTA	Thais Truffa (b) (4)	21 Sep 2020 18:13:05
cannot be referred in the standard coding dictionary.		
Please enter the active ingredient(s) with drug name		
in drug name field and please make your changes to		
the reported term. ' answered with 'Updated. ' (Site from System).		
User entered 'ELLIPTA (Fluticasone +	Thais Truffa (b) (4)	21 Sep 2020 18:12:58
umeclidinium + vilanterol)' reason for change: Data		
Entry Error		
User opened query 'CDM-Coding: The trade name	Coder Import (b) (4)	17 Sep 2020 03:16:41
ELIPTA cannot be referred in the standard coding	(b) (4)	
dictionary. Please enter the active ingredient(s) with		
drug name in drug name field and please make your		
changes to the reported term.		
' (Site from System).		
Data point term sent to Coder	System	16 Sep 2020 11:37:22
User entered 'ELIPTA'	Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:36:41
	, , , ,	

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

Generated On: 11 Aug 2021 22:01:53

**Prophylaxis** 

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:36:41

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

Generated On: 11 Aug 2021 22:01:53

Indication

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
	(b) (4)	
User closed query 'Per CDM: Please note that there i	s (b) (4), (b) (6)	21 Nov 2020 10:19:01
no Medical History that matches this Con Med		
indication 'COPD/EMPHASEMA'. Please review		
Con Med use and add a medical condition and all		
applicable details to the Medical History eCRF if		
appropriate.' (Site from DM).		
Query 'Per CDM: Please note that there is no Medica	. , , ,	23 Oct 2020 13:47:07
History that matches this Con Med indication	(b) (4)	
'COPD/EMPHASEMA'. Please review Con Med use		
and add a medical condition and all applicable detail	S	
to the Medical History eCRF if appropriate.'		
answered with 'BOTH INDICATINS ARE LISTED		
IN THE MH, HOWEVER MEDICATION CAN BE		
AND IS TAKEN FOR BOTH. '(Site from DM).	(b) (4) (b) (6)	20 Oct 2020 13:43:43
User opened query 'Per CDM: Please note that there	(b) (4), (b) (6)	20 Oct 2020 13:43:43
is no Medical History that matches this Con Med indication 'COPD/EMPHASEMA'. Please review		
Con Med use and add a medical condition and all		
applicable details to the Medical History eCRF if		
appropriate.' (Site from DM).		
User entered 'COPD/EMPHASEMA' reason for	Albert Garcia (b) (4)	12 Oct 2020 15:25:45
change: Data Entry Error	(b) (4)	12 Oct 2020 13.23.43
User entered 'COPD'	Amber Vasquez (b) (4)	16 Sep 2020 11:36:41
oser emerca corp	(b) (4)	10 50p 2020 11.50.41

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

Generated On: 11 Aug 2021 22:01:53

Dose per administration

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered '100/65/25'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:36:41

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

Generated On: 11 Aug 2021 22:01:53

Dose unit

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'Other (OTHER)'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:36:41

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

Generated On: 11 Aug 2021 22:01:53

If dose unit is Other, specify

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'MCG'	(b) (4) Amber Vasquez (b) (4)	16 Sep 2020 11:36:41
	(b) (4)	

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

Generated On: 11 Aug 2021 22:01:53

Frequency

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'unknown (UNKNOWN)'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:36:41

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

Generated On: 11 Aug 2021 22:01:53

If frequency is Other, specify

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered empty.	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:36:41

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

Generated On: 11 Aug 2021 22:01:53

Route of administration

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'Respiratory (Inhalation)	(b) (4) Amber Vasquez (b) (4)	16 Sep 2020 11:36:41
(RESPIRATORY (INHALATION))'	(b) (4)	10 бер 2020 11.50.41

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

Generated On: 11 Aug 2021 22:01:53
If route of administration is Other, specify

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered empty.	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:36:41

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

Generated On: 11 Aug 2021 22:01:53

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User closed query 'Per DM CLR: Con Med start date is prior to the start date of the corresponding MH condition. Please review and reconcile Con Med and MH start dates as appropriate.' (Site from DM).		21 Nov 2020 10:18:30
Query 'Per DM CLR: Con Med start date is prior to the start date of the corresponding MH condition. Please review and reconcile Con Med and MH start dates as appropriate.' answered with 'UPDATED' (Site from DM).	Albert Garcia (b) (4) (b) (4)	13 Nov 2020 15:20:32
User entered '01 Jan 2006' reason for change: Data Entry Error	Albert Garcia (b) (4) (b) (4)	13 Nov 2020 15:20:24
User opened query 'Per DM CLR: Con Med start date is prior to the start date of the corresponding MH condition. Please review and reconcile Con Med and MH start dates as appropriate.' (Site from DM).	e (b) (4), (b) (6)	29 Oct 2020 21:17:17
User entered '01 Jan 2005'	Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:36:41

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

Generated On: 11 Aug 2021 22:01:53

Start date completely unknown

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered '0'	(b) (4) Amber Vasquez (b) (4)	16 Sep 2020 11:36:41
	(b) (4)	

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

Generated On: 11 Aug 2021 22:01:53

Ongoing?

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:36:41

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

Generated On: 11 Aug 2021 22:01:53
If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered empty.	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:36:41

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

Generated On: 11 Aug 2021 22:01:53

Was this medication taken for solicited event?

User	Time (GMT)
Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
	16 Sep 2020 11:36:41
	Bruce Rankin (b) (4)

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

Generated On: 11 Aug 2021 22:01:53 Separate Dosage Number (derived)

Audit	User	Time (GMT)
User entered empty.	System	16 Sep 2020 11:36:41

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

Generated On: 11 Aug 2021 22:01:53 Interval Dosage Unit Number (derived)

Audit	User	Time (GMT)
User entered empty.	System	16 Sep 2020 11:36:41

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

Generated On: 11 Aug 2021 22:01:53 Interval Dosage Definition (derived)

Audit	User	Time (GMT)
User entered empty.	System	16 Sep 2020 11:36:41

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 11 Aug 2021 22:01:53

Name of Medication

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User coded data point as ATC: RESPIRATORY	Coder Import (b) (4)	14 Oct 2020 04:58:22
SYSTEM, ATC: DRUGS FOR OBSTRUCTIVE	(b) (4)	
AIRWAY DISEASES, ATC: ADRENERGICS,		
INHALANTS, ATC: SELECTIVE		
BETA-2-ADRENORECEPTOR AGONISTS,		
PRODUCT: SALBUTAMOL,		
PRODUCTSYNONYM: VENTOLIN		
[SALBUTAMOL] - version		
WHODrug-Global-B3\\202003.		
User coded data point as Term Coded data point by	Coder Import (b) (4)	14 Oct 2020 04:58:22
User: (b) (6) - version	(b) (4)	
WHODrug-Global-B3\\202003.		
Data point term sent to Coder	System	12 Oct 2020 15:26:43
Coding entries removed.	Albert Garcia (b) (4)	12 Oct 2020 15:25:58
	(b) (4)	
User coded data point as ATC: RESPIRATORY	Coder Import (b) (4)	16 Sep 2020 11:39:41
SYSTEM, ATC: DRUGS FOR OBSTRUCTIVE	(b) (4)	
AIRWAY DISEASES, ATC: ADRENERGICS,		
INHALANTS, ATC: SELECTIVE		
BETA-2-ADRENORECEPTOR AGONISTS,		
PRODUCT: SALBUTAMOL,		
PRODUCTSYNONYM: VENTOLIN		
[SALBUTAMOL] - version		
WHODrug-Global-B3\\202003.	The state of the s	
User coded data point as Term Coded data point by	Coder Import (b) (4)	16 Sep 2020 11:39:41
User: Coder System - version	(b) (4)	
WHODrug-Global-B3\\202003.	_	
Data point term sent to Coder	System	16 Sep 2020 11:38:23
User entered 'VENTOLIN'	Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:37:30

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 11 Aug 2021 22:01:53

Prophylaxis

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User closed query 'Per DM CLR: Prophlaxis is	(b) (4) (b) (4), (b) (6)	21 Nov 2020 10:20:12
marked as YES. However, there is an actual	(b) (4), (b) (0)	21 Nov 2020 10.20.12
condition recorded in the MH eCRF. Please review i	f	
the prophylaxis indication should be changed as	1	
appropriate. Otherwise, provide clarification.' (Site		
from DM).		
Query 'Per DM CLR: Prophlaxis is marked as YES.	Albert Garcia (b) (4)	16 Nov 2020 12:51:09
However, there is an actual condition recorded in the	(b) (4)	
MH eCRF. Please review if the prophylaxis		
indication should be changed as appropriate.		
Otherwise, provide clarification.' answered with		
'UPDATED' (Site from DM).		
User entered 'No (N)' reason for change: Data Entry	Albert Garcia (b) (4)	16 Nov 2020 12:51:03
Error	(b) (4)	
User opened query 'Per DM CLR: Prophlaxis is	(b) (4), (b) (6)	15 Nov 2020 23:18:44
marked as YES. However, there is an actual		
condition recorded in the MH eCRF. Please review i	f	
the prophylaxis indication should be changed as		
appropriate. Otherwise, provide clarification.' (Site		
from DM).		
User entered 'Yes (Y)'	Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:37:30

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 11 Aug 2021 22:01:53

Indication

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'COPD/EMPHASEMA' reason for change: Data Entry Error	(b) (4) Albert Garcia (b) (4) (b) (4)	12 Oct 2020 15:25:58
User entered 'COPD'	Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:37:30

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 11 Aug 2021 22:01:53

Dose per administration

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered '90'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:37:30

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 11 Aug 2021 22:01:53

Dose unit

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	26 Apr 2021 13:36:56
Signature has been broken.	(b) (4) (b) (4), (b) (6)	01 Apr 2021 17:08:52
User entered 'ug (ug)' reason for change: Data Entry Error	(b) (4), (b) (6)	01 Apr 2021 17:08:52
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'Other (OTHER)'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:37:30

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 11 Aug 2021 22:01:53

If dose unit is Other, specify

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	26 Apr 2021 13:36:56
User closed query 'Per DM CLR: Please review "Other Unit" as there is an available option for "ug" in the listed choices for unit. Please review and select an appropriate option from the list provided in the CRF and amend as appropriate.  ' (Site from DM).	(b) (4), (b) (6)	02 Apr 2021 11:59:06
Query 'Per DM CLR: Please review "Other Unit" as there is an available option for "ug" in the listed choices for unit. Please review and select an appropriate option from the list provided in the CRF and amend as appropriate.  'answered with 'corrected' (Site from DM).	(b) (4), (b) (6)	01 Apr 2021 17:10:14
Signature has been broken.	(b) (4), (b) (6)	01 Apr 2021 17:08:52
User entered empty; reason for change Data Entry Error	(b) (4), (b) (6)	01 Apr 2021 17:08:52
User opened query 'Per DM CLR: Please review "Other Unit" as there is an available option for "ug" in the listed choices for unit. Please review and select an appropriate option from the list provided in the CRF and amend as appropriate.  ' (Site from DM).	(b) (4), (b) (6)	31 Mar 2021 03:31:40
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'MCG'	Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:37:30

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 11 Aug 2021 22:01:53

Frequency

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'as needed (PRN)'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:37:30

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 11 Aug 2021 22:01:53

If frequency is Other, specify

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered empty.	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:37:30

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 11 Aug 2021 22:01:53

Route of administration

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
Harmondon I'D and and Albaha' and	(b) (4)	16 9 2020 11 27 20
User entered 'Respiratory (Inhalation)	Amber Vasquez (b) (4)	16 Sep 2020 11:37:30
(RESPIRATORY (INHALATION))'	(b) (4)	

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 11 Aug 2021 22:01:53
If route of administration is Other, specify

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered empty.	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:37:30

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 11 Aug 2021 22:01:53

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered '01 Jan 2006'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:37:30

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 11 Aug 2021 22:01:53

Start date completely unknown

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered '0'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:37:30

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 11 Aug 2021 22:01:53

Ongoing?

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:37:30

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 11 Aug 2021 22:01:53
If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered empty.	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:37:30

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 11 Aug 2021 22:01:53

Was this medication taken for solicited event?

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'No (N)'	(b) (4) Amber Vasquez (b) (4) (b) (4)	16 Sep 2020 11:37:30

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 11 Aug 2021 22:01:53 Separate Dosage Number (derived)

Audit	User	Time (GMT)
User entered empty.	System	16 Sep 2020 11:37:30

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 11 Aug 2021 22:01:53 Interval Dosage Unit Number (derived)

Audit	User	Time (GMT)
User entered empty.	System	16 Sep 2020 11:37:30

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (5)

Generated On: 11 Aug 2021 22:01:53 Interval Dosage Definition (derived)

Audit	User	Time (GMT)
User entered empty.	System	16 Sep 2020 11:37:30

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 11 Aug 2021 22:01:53

Name of Medication

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	03 May 2021 00:13:00
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User coded data point as ATC: ANTIINFECTIVES	Coder Import (b) (4)	04 Nov 2020 15:33:24
FOR SYSTEMIC USE, ATC: VACCINES, ATC:	(b) (4)	
VIRAL VACCINES, ATC: INFLUENZA		
VACCINES, PRODUCT: INFLUENZA VACCINE	=	
version WHODrug-Global-B3\\202003.		
User coded data point as Term Coded data point by	Coder Import (b) (4)	04 Nov 2020 15:33:24
User: Coder System - version	(b) (4)	
WHODrug-Global-B3\\202003.		
Data point term sent to Coder	System	04 Nov 2020 15:17:44
User entered 'INFLUENZA VACCINE'	(b) (4), (b) (6)	04 Nov 2020 15:17:01

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 11 Aug 2021 22:01:53

**Prophylaxis** 

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	03 May 2021 00:13:00
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	(b) (4), (b) (6)	04 Nov 2020 15:17:01

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 11 Aug 2021 22:01:53

Indication

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	03 May 2021 00:13:00
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'SEASONAL INFLUENZA'	(b) (4), (b) (6)	04 Nov 2020 15:17:01

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 11 Aug 2021 22:01:53

Dose per administration

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	03 May 2021 00:13:00
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'UNK' reason for change: Data Entry Error	Albert Garcia (b) (4) (b) (4)	13 Nov 2020 15:21:03
User entered '1'	(b) (4), (b) (6)	04 Nov 2020 15:17:01

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 11 Aug 2021 22:01:53

Dose unit

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	03 May 2021 00:13:00
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'mL (mL)' reason for change: Data Entry Error	Albert Garcia (b) (4) (b) (4)	13 Nov 2020 15:21:03
User entered 'Other (OTHER)'	(b) (4), (b) (6)	04 Nov 2020 15:17:01

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 11 Aug 2021 22:01:53

If dose unit is Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	03 May 2021 00:13:00
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User closed query 'Per CDM: Response for Dose unit is recorded as "Injection", however it signifies 'Route of administration' .Please review and update the data as appropriate, else clarify.' (Site from DM).	(b) (4), (b) (6)	21 Nov 2020 10:20:37
Query 'Per CDM: Response for Dose unit is recorded as "Injection", however it signifies 'Route of administration' .Please review and update the data as appropriate, else clarify.' answered with 'UPDATED' (Site from DM).	Albert Garcia (b) (4) (b) (4)	13 Nov 2020 15:21:10
User entered empty; reason for change Data Entry Error	Albert Garcia (b) (4) (b) (4)	13 Nov 2020 15:21:03
User opened query 'Per CDM: Response for Dose unit is recorded as "Injection", however it signifies 'Route of administration' .Please review and update the data as appropriate, else clarify.' (Site from DM).	(b) (4), (b) (6)	12 Nov 2020 16:24:46
User entered 'INJECTION'	(b) (4), (b) (6)	04 Nov 2020 15:17:01

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 11 Aug 2021 22:01:53

Frequency

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	03 May 2021 00:13:00
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'once (ONCE)'	(b) (4), (b) (6)	04 Nov 2020 15:17:01

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 11 Aug 2021 22:01:53

If frequency is Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	03 May 2021 00:13:00
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered empty.	(b) (4), (b) (6)	04 Nov 2020 15:17:01

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 11 Aug 2021 22:01:53

Route of administration

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	03 May 2021 00:13:00
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'Intramuscular (INTRAMUSCULAR)'		04 Nov 2020 15:17:01

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 11 Aug 2021 22:01:53
If route of administration is Other, specify

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	03 May 2021 00:13:00
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered empty.	(b) (4), (b) (6)	04 Nov 2020 15:17:01

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 11 Aug 2021 22:01:53

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	03 May 2021 00:13:00
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '11 Sep 2020'	(b) (4), (b) (6)	04 Nov 2020 15:17:01

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 11 Aug 2021 22:01:53

Start date completely unknown

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	03 May 2021 00:13:00
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '0'	(b) (4), (b) (6)	04 Nov 2020 15:17:01

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 11 Aug 2021 22:01:53

Ongoing?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	03 May 2021 00:13:00
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'No (N)'	(b) (4), (b) (6)	04 Nov 2020 15:17:01

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 11 Aug 2021 22:01:53
If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	03 May 2021 00:13:00
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '11 Sep 2020'	(b) (4), (b) (6)	04 Nov 2020 15:17:01

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 11 Aug 2021 22:01:53

Was this medication taken for solicited event?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	03 May 2021 00:13:00
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'No (N)'	(b) (4), (b) (6)	04 Nov 2020 15:17:01

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 11 Aug 2021 22:01:53 Separate Dosage Number (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	03 May 2021 00:13:00
User entered empty.	System	04 Nov 2020 15:17:01

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 11 Aug 2021 22:01:53 Interval Dosage Unit Number (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	03 May 2021 00:13:00
User entered empty.	System	04 Nov 2020 15:17:01

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (6)

Generated On: 11 Aug 2021 22:01:53 Interval Dosage Definition (derived)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	03 May 2021 00:13:00
User entered empty.	System	04 Nov 2020 15:17:01

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 11 Aug 2021 22:01:53

Name of Medication

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
	(b) (4)	
User coded data point as ATC: RESPIRATORY	Coder Import (b) (4)	04 Nov 2020 15:21:28
SYSTEM, ATC: NASAL PREPARATIONS, ATC:	(b) (4)	
DECONGESTANTS AND OTHER NASAL		
PREPARATIONS FOR TOPICAL USE, ATC:		
CORTICOSTEROIDS, PRODUCT:		
FLUTICASONE PROPIONATE,		
PRODUCTSYNONYM: FLONASE		
[FLUTICASONE PROPIONATE] - version		
WHODrug-Global-B3\\202003.		
User coded data point as Term Coded data point by	Coder Import (b) (4)	04 Nov 2020 15:21:28
User: Coder System - version	(b) (4)	
WHODrug-Global-B3\\202003.		
Data point term sent to Coder	System	04 Nov 2020 15:20:49
User entered 'FLONASE'	(b) (4), (b) (6)	04 Nov 2020 15:20:02
	( ) ( ) ( - ) ( - )	

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 11 Aug 2021 22:01:53

Prophylaxis

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'No (N)'	(b) (4) (b) (4), (b) (6)	04 Nov 2020 15:20:02

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 11 Aug 2021 22:01:53

Indication

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User closed query 'Per DM CLR: Please note that thi condition is not recorded on the MH eCRF. Please review Con Med use and add a medical condition and all applicable details to the appropriate MH eCRF.' (Site from DM).	s (b) (4), (b) (6)	29 Dec 2020 08:47:49
Query 'Per DM CLR: Please note that this condition is not recorded on the MH eCRF. Please review Con Med use and add a medical condition and all applicable details to the appropriate MH eCRF.' answered with 'UPDATED' (Site from DM).	. , , ,	22 Dec 2020 15:24:00
User opened query 'Per DM CLR: Please note that this condition is not recorded on the MH eCRF. Please review Con Med use and add a medical condition and all applicable details to the appropriate MH eCRF.' (Site from DM).	(b) (4), (b) (6)	21 Dec 2020 10:23:09
User entered 'SEASONAL ALLERGIES'	(b) (4), (b) (6)	04 Nov 2020 15:20:02

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 11 Aug 2021 22:01:53

Dose per administration

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered '50'	(b) (4) (b) (4), (b) (6)	04 Nov 2020 15:20:02

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 11 Aug 2021 22:01:53

Dose unit

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'ug (ug)'	(b) (4) (b) (4), (b) (6)	04 Nov 2020 15:20:02

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 11 Aug 2021 22:01:53

If dose unit is Other, specify

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered empty.	(b) (4) (b) (4), (b) (6)	04 Nov 2020 15:20:02

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 11 Aug 2021 22:01:53

Frequency

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'once daily (QD)'	(b) (4) (b) (4), (b) (6)	04 Nov 2020 15:20:02

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 11 Aug 2021 22:01:53

If frequency is Other, specify

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered empty.	(b) (4) (b) (4), (b) (6)	04 Nov 2020 15:20:02

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 11 Aug 2021 22:01:53

Route of administration

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'Nasal (NASAL)'	(b) (4) (b) (4), (b) (6)	04 Nov 2020 15:20:02

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 11 Aug 2021 22:01:53
If route of administration is Other, specify

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered empty.	(b) (4) (b) (4), (b) (6)	04 Nov 2020 15:20:02

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 11 Aug 2021 22:01:53

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'UN UNK 2020'	(b) (4) (b) (4), (b) (6)	04 Nov 2020 15:20:02

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 11 Aug 2021 22:01:53

Start date completely unknown

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered '0'	(b) (4) (b) (4), (b) (6)	04 Nov 2020 15:20:02

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 11 Aug 2021 22:01:53

Ongoing?

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'Yes (Y)'	(b) (4) (b) (4), (b) (6)	04 Nov 2020 15:20:02

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 11 Aug 2021 22:01:53
If not Ongoing, End date (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered empty.	(b) (4) (b) (4), (b) (6)	04 Nov 2020 15:20:02

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 11 Aug 2021 22:01:53

Was this medication taken for solicited event?

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'No (N)'	(b) (4) (b) (4), (b) (6)	04 Nov 2020 15:20:02

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 11 Aug 2021 22:01:53 Separate Dosage Number (derived)

Audit	User	Time (GMT)
User entered '1'	System	04 Nov 2020 15:20:02

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 11 Aug 2021 22:01:53 Interval Dosage Unit Number (derived)

Audit	User	Time (GMT)
User entered '1'	System	04 Nov 2020 15:20:02

Folder: Concomitant Medication and Vaccination (1)
Form: Prior/Concomitant Medication and Vaccination (7)

Generated On: 11 Aug 2021 22:01:53 Interval Dosage Definition (derived)

Audit	User	Time (GMT)
User entered '804 (804)'	System	04 Nov 2020 15:20:02

Folder: Concomitant Procedures (1)
Form: Concomitant Procedures Summary
Generated On: 11 Aug 2021 22:01:53
Were any concomitant procedures performed?

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	03 May 2021 10:33:02
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	26 Apr 2021 13:36:56
Signature has been broken.	Crystal Paccione (b) (4) (b) (4)	05 Apr 2021 19:05:31
User entered 'Yes (Y)' reason for change: Data Entry Error	Crystal Paccione (b) (4) (b) (4)	05 Apr 2021 19:05:31
User signature succeeded.	Bruce Rankin (b) (4)	19 Feb 2021 15:09:13
User entered 'No (N)'	(b) (4) Amber Vasquez (b) (4) (b) (4)	09 Oct 2020 15:42:44

Folder: Concomitant Procedures (1)
Form: Concomitant Procedures (1)
Generated On: 11 Aug 2021 22:01:53
Procedure/Surgery date (dd MMM yyyy)

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	26 Apr 2021 13:36:56
User entered '12 Feb 2021'	(b) (4) Crystal Paccione (b) (4) (b) (4)	05 Apr 2021 19:06:22

Folder: Concomitant Procedures (1) Form: Concomitant Procedures (1) Generated On: 11 Aug 2021 22:01:53

Procedure/Surgery

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	26 Apr 2021 13:36:56
User entered 'MASTECTOMY RIGHT BREAST'	(b) (4) Crystal Paccione (b) (4) (b) (4)	05 Apr 2021 19:06:22

Folder: Concomitant Procedures (1) Form: Concomitant Procedures (1) Generated On: 11 Aug 2021 22:01:53

Indication

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	26 Apr 2021 13:36:56
User entered 'Adverse Event (AE)'	(b) (4) Crystal Paccione (b) (4) (b) (4)	05 Apr 2021 19:06:22

Folder: Concomitant Procedures (1) Form: Concomitant Procedures (1) Generated On: 11 Aug 2021 22:01:53

If indication is Other, specify

Audit	User	Time (GMT)
User signature succeeded.	Bruce Rankin (b) (4)	26 Apr 2021 13:36:56
User entered empty.	(b) (4) Crystal Paccione (b) (4) (b) (4)	05 Apr 2021 19:06:22

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

Generated On: 11 Aug 2021 22:01:53

Date of dosing discontinuation (dd MMM yyyy)

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 06:25:34
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered '14 Sep 2020'	douglas winter (b) (4) (b) (4)	09 Dec 2020 17:18:50

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

Generated On: 11 Aug 2021 22:01:53
Primary reason for dosing discontinuation

Audit	User	Time (GMT)
Data hard locked.	(b) (4), (b) (6)	27 Apr 2021 06:25:34
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	25 Mar 2021 17:12:47
User entered 'AE (specify) (ADVERSE EVENT)' reason for change: Data Entry Error	Amber Vasquez (b) (4) (b) (4)	06 Mar 2021 14:49:33
Signature has been broken.	Amber Vasquez (b) (4) (b) (4)	06 Mar 2021 14:49:01
User entered 'Other (OTHER)' reason for change: Data Entry Error	Amber Vasquez (b) (4) (b) (4)	06 Mar 2021 14:49:01
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'AE (specify) (ADVERSE EVENT)'	douglas winter (b) (4) (b) (4)	09 Dec 2020 17:18:50

Folder: End of Study (1)
Form: Dosing Discontinuation
Generated On: 11 Aug 2021 22:01:53

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 06:25:34
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	25 Mar 2021 17:12:47
User closed query 'Per CDM: Per sponsor review, please update specify field to include both AE, number sign, and number. (i.e. AE #1).' (Site from DM).	(b) (4), (b) (6)	10 Mar 2021 13:51:09
User entered 'AE #1 LEFT BREAST MASS, HER ONCOLOGIST DIDNT WANT HER TO RECEIVE THE SECOND VACCINE AND THE PI KEPT HER ON THE TRIAL.' reason for change: Data Entry Error		06 Mar 2021 14:50:04
Query 'Per CDM: Per sponsor review, please update specify field to include both AE, number sign, and number. (i.e. AE #1).' answered with 'updated date to reflect AE #1 in specify field' (Site from DM).	(b) (4)	06 Mar 2021 14:49:54
Signature has been broken.	Amber Vasquez (b) (4) (b) (4)	06 Mar 2021 14:49:33
User entered 'AE #1 LEFT BREAST MASSS, HER ONCOLOGIST DIDNT WANT HER TO RECEIVE THE SECOND VACCINE AND THE PI KEPT HER ON THE TRIAL.' reason for change: Data Entry Error	1 ( , ( ,	06 Mar 2021 14:49:33
User opened query 'Per CDM: Per sponsor review, please update specify field to include both AE, number sign, and number. (i.e. AE #1).' (Site from DM).	(b) (4), (b) (6)	02 Mar 2021 19:21:06
User signature succeeded.	Bruce Rankin (b) (4) (b) (4)	19 Feb 2021 15:09:13
User entered 'LEFT BREAST MASSS, HER ONCOLOGIST DIDNT WANT HER TO RECEIVE THE SECOND VACCINE AND THE PI KEPT HER ON THE TRIAL.'	douglas winter (b) (4)	09 Dec 2020 17:18:50