

US3252020 (Prod: Centex Studies Inc)

Generated By: (b) (6)

Generated On: 26 Nov 2020 10:48:21

All time stamps listed in this document are displayed in GMT

US3252020

Form: Participant Creation

Generated On: 26 Nov 2020 10:48:21

[Participant ID](#)

US3252020

[mRNA-1273-P301 Completion Guidelines](#)

US3252020

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 10:48:21

Was this visit performed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Visit date (dd MMM yyyy)	04 AUG 2020
Was visit performed at the participant's home or at the clinic?	Home <input type="radio"/>
	Clinic <input checked="" type="radio"/>
Folder OID	SCRN

US3252020

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:48:21

Date of Birth (MMM yyyy)	(b) (6) 1996
Age	24
Age Units	YEARS
Age (Derived)	24
Sex	Female <input type="radio"/> Male <input checked="" type="radio"/>
Ethnicity	Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Not Reported <input checked="" type="radio"/> Unknown <input type="radio"/>
Race (Check All That Apply)	
White	False
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	True

US3252020

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:48:21

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

US3252020

Folder: Screening

Form: Inclusion/Exclusion Criteria Summary

Generated On: 26 Nov 2020 10:48:21

Did the participant meet all eligibility criteria?

Yes ☒

No ☐

US3252020

Folder: Screening

Form: Medical History Summary

Generated On: 26 Nov 2020 10:48:21

Were any significant conditions reported?

Yes ☒

No ☐

US3252020

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:48:21

Condition	DEPRESSION
Start date (dd MMM yyyy)	UN UNK 2008
Start date completely unknown	False
Condition ongoing at study entry	Yes <input checked="" type="radio"/> No <input type="radio"/>
If No, please specify the stop date (dd MMM yyyy) _____	
Stop date completely unknown	False
Start Month and Year (derived)	JAN 2008
Start Year (derived)	2008
Stop Month and Year (derived)	_____
Stop Year (derived)	_____

US3252020

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

Were vital signs assessed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Date of assessment (<i>dd MMM yyyy</i>)	4 AUG 2020
Time of assessment (<i>00:00-23:59</i>)	08:30 (24 HR)
Vital Signs Date and Time (derived)	4 AUG 2020 08:30
Height (<i>xxx.x</i>)	70.5 in
Weight (<i>xxx.x</i>)	190.2 lb
BMI (<i>xxx.x</i>)	26.96138 kg/m ²
BMI units	KG/M2
Temperature (<i>xxx.x</i>)	ND - Not Done
Route of measurement	Oral <input type="radio"/>
	Axillary <input type="radio"/>
	Other <input type="radio"/>
If Other, specify	
Pulse (<i>xxx</i>)	ND - Not Done
Pulse units	BPM
Respiratory Rate (<i>xxx</i>)	ND - Not Done
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (<i>xxx</i>)	ND - Not Done
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (<i>xxx</i>)	ND - Not Done
Diastolic Blood Pressure units	MMHG
Height (derived)	
Weight (derived)	

US3252020

Folder: Screening

Form: Physical Examination

Generated On: 26 Nov 2020 10:48:21

Was the physical examination performed?

Yes ☒

No ☐

Date of examination (dd MMM yyyy)

4 AUG 2020

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

US3252020

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:48:21

Occupational Risk

Healthcare workers (e.g., doctors, nurses, dentists, hospital support staff, morgue/mortuary workers) Yes ☐ No ☒

Emergency Response (e.g., Law enforcement officers, Firefighters, emergency medical service workers) Yes ☐ No ☒

Retail or Restaurant Operations, particularly those in critical and/high-customer volume (e.g., grocery, convenience, hardware, big-box stores) Yes ☒ No ☐

Manufacturing & Production Operations with inherent overcrowding (e.g., factory workers, meat/food processing plants) Yes ☐ No ☒

Warehouse shipping and fulfillment centers and jobs (e.g., Amazon facilities) Yes ☐ No ☒

Transportation and delivery services (e.g., airlines, public transit, taxi/UBER, fed ex/UPS, postal workers) Yes ☐ No ☒

Border Protection and Military Personnel (e.g., TSA, custom and border protection agents, military personnel not social distancing) Yes ☐ No ☒

Personal Care and in-home services (e.g., barber/salon/spa, in-home repair services, electricians, plumbers, janitorial services) Yes ☐ No ☒

Hospitality and Tourism Workers (e.g., hotel, casino, amusement/theme park, entertainment, ski resorts) Yes ☐ No ☒

Pastoral, Social or Public Health Workers requiring frequent contact with community members (e.g., social workers, volunteers, religious clergy) Yes ☐ No ☒

Educators and Students (e.g., teachers, administrators, support staff, and students interacting in face-to-face school setting) Yes ☐ No ☒

Other Yes ☐ No ☒

Specify

Location and Living Circumstances Risk (check all that apply)

No Risk Identified False

Resides in Nursing Home or Assisted Living Facility False

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

US3252020

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:48:21

Resides in high density housing (e.g., high rise apartments with shared entrances or elevators)	False
Resides in low density, multi-family setting without (e.g., apartments complex without shared entrances or elevators, duplexes)	False
Resides in a single family home (i.e., detached housing)	False
Other	True
Specify	RESIDENT IN A COMMUNITY WITH ONGOING PERSON TO PERSON TRANSMISSION

US3252020

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 10:48:21

Was this visit performed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Visit date (dd MMM yyyy)	4 AUG 2020
Was visit performed at the participant's home or at the clinic?	Home <input type="radio"/>
	Clinic <input checked="" type="radio"/>
Folder OID	VISIT1

US3252020

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:48:21

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

What was the participant's randomization number? 142802

In what Cohort was the participant enrolled?
 >=18 and <65 years and not at risk ☐
 >=18 and <65 years and at risk ☒
 >=65 years ☐

If participant is considered at risk, please check all that apply (If any are checked as Yes, please ensure the actual condition is recorded on the Medical History form)

Chronic lung disease (eg, emphysema and chronic bronchitis, idiopathic pulmonary fibrosis and cystic fibrosis, or moderate to severe asthma) Yes ☐ No ☒

Significant cardiac disease (eg, heart failure, coronary artery disease, congenital heart disease, cardiomyopathies, and pulmonary hypertension) Yes ☐ No ☒

Severe obesity (body mass index > or = 40kg/m2) Yes ☐ No ☒

Diabetes (Type I, Type 2, or gestational) Yes ☐ No ☒

Liver Disease Yes ☐ No ☒

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:48:21

Height	ND - Not Done
Weight	ND - Not Done

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:48:21

Height	ND - Not Done
Weight	ND - Not Done
Timepoint	Pre-Dose <input checked="" type="radio"/> Post-Dose <input type="radio"/>
Were vital signs assessed?	Yes <input checked="" type="radio"/> No <input type="radio"/>
Date of assessment (dd MMM yyyy)	04 AUG 2020
Time of assessment (00:00-23:59)	08:30 (24 HR)
Vital Signs Date and Time (derived)	04 AUG 2020 08:30
Temperature (xxx.x)	97.9 F
Route of measurement	Oral <input checked="" type="radio"/> Axillary <input type="radio"/> Other <input type="radio"/>
If Other, specify	
Pulse (xxx)	62 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	129 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	78 mmHg
Diastolic Blood Pressure units	MMHG

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:48:21

Height	ND - Not Done
Weight	ND - Not Done
Timepoint	Pre-Dose <input type="radio"/> Post-Dose <input checked="" type="radio"/>
Were vital signs assessed?	Yes <input checked="" type="radio"/> No <input type="radio"/>
Date of assessment (dd MMM yyyy)	04 AUG 2020
Time of assessment (00:00-23:59)	10:30 (24 HR)
Vital Signs Date and Time (derived)	04 AUG 2020 10:30
Temperature (xxx.x)	99.1 F
Route of measurement	Oral <input checked="" type="radio"/> Axillary <input type="radio"/> Other <input type="radio"/>
If Other, specify	
Pulse (xxx)	59 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	123 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	79 mmHg
Diastolic Blood Pressure units	MMHG

US3252020

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 10:48:21

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.

US3252020

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:48:21

Was study treatment given? Yes ☒ No ☐

If No, reason not given

Participant declined due to Adverse Event ☐

Physician withheld dose due to Adverse Event ☐

Death ☐

Lost To Follow-Up ☐

Physician Decision ☐

Pregnancy ☐

Protocol Deviation ☐

Study Terminated by Sponsor ☐

Withdrawal of Consent by Participant ☐

Confirmed COVID-19 ☐

Other ☐

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

What was the study treatment? MRNA-1273 OR PLACEBO

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

What was the treatment time? (00:00-23:59) 09:35 (24 HR)

Treatment Date and Time (derived) 04 AUG 2020 09:35

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

US3252020

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:48:21

Was the sample collected?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Collection date (<i>dd MMM yyyy</i>)	4 AUG 2020
Collection time (<i>00:00-23:59</i>)	09:23 (24 HR)
Collection date and time (derived)	4 AUG 2020 09:23

US3252020

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 10:48:21

Collection date (<i>dd MMM yyyy</i>)			4 AUG 2020
Lab Test	Was the sample collected?	Collection time (<i>00:00 - 23:59</i>)	Collection date and time (derived)
Nasopharyngeal Swab 1	Yes	09:17	4 AUG 2020 09:17
Nasopharyngeal Swab 2	No		

US3252020

Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 10:48:21

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

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

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

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

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

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

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

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

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

Was **TEMPERATURE** taken? Yes ☐
No ☐

Please record your **TEMPERATURE in °F**

Was any **MEDICATION TAKEN today for pain or fever?** Yes ☐
No ☐

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

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

To **PREVENT** pain or fever from occurring

PC Time Stamp

PC Open Date & Time

04 AUG 2020 09:55

PC Close Date & Time

04 AUG 2020 12:25

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 1, AFTER VACCINATION
(AT HOME)

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

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

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

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

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

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

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

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

95.0 °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

05 AUG 2020 02:27

PC Open Date & Time

04 AUG 2020 13:20

PC Close Date & Time

05 AUG 2020 11:59

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 2

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

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

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

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

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

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

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

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

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

06 AUG 2020 02:52

PC Open Date & Time

05 AUG 2020 12:00

PC Close Date & Time

06 AUG 2020 11:59

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 3

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

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

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

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

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

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

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

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

97.6 °F

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

Yes ☐

No ☒

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

PC Time Stamp

06 AUG 2020 22:12

PC Open Date & Time

06 AUG 2020 12:00

PC Close Date & Time

07 AUG 2020 11:59

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 4

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

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

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

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

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

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

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

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

98.3 °F

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

Yes ☐

No ☒

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

PC Time Stamp

07 AUG 2020 18:12

PC Open Date & Time

07 AUG 2020 12:00

PC Close Date & Time

08 AUG 2020 11:59

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 5

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

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

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

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

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

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

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

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

97.3 °F

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

Yes ☐

No ☒

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

PC Time Stamp

09 AUG 2020 10:01

PC Open Date & Time

08 AUG 2020 12:00

PC Close Date & Time

09 AUG 2020 11:59

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 6

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

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

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

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

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

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

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

Was **TEMPERATURE** taken?

Yes ☒

No ☐

Please record your **TEMPERATURE** in °F

98.5 °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

09 AUG 2020 15:37

PC Open Date & Time

09 AUG 2020 12:00

PC Close Date & Time

10 AUG 2020 11:59

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:48:21

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

97.9 °F

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

Yes ☐

No ☒

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

PC Time Stamp

11 AUG 2020 01:49

PC Open Date & Time

10 AUG 2020 12:00

PC Close Date & Time

11 AUG 2020 11:59

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

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

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

None ☒

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

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

Yes ☐

No ☒

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

Yes ☐

No ☒

Please record - **UNDERARM GLAND SWELLING OR
TENDERNESS.**

Please select one response below

None ☒

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with some activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

04 AUG 2020 11:14

PC Open Date & Time

04 AUG 2020 09:55

PC Close Date & Time

04 AUG 2020 12:25

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 1, AFTER VACCINATION
(AT HOME)

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

None ☒

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

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

Yes ☐

No ☒

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

Yes ☐

No ☒

Please record - **UNDERARM GLAND SWELLING OR
TENDERNESS.**

Please select one response below

None ☒

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with some activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

05 AUG 2020 02:25

PC Open Date & Time

04 AUG 2020 13:20

PC Close Date & Time

05 AUG 2020 11:59

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:48:21

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
TENDERNESS.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with some activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

05 AUG 2020 12:15

PC Open Date & Time

05 AUG 2020 12:00

PC Close Date & Time

06 AUG 2020 11:59

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 3

Please record - **PAIN AT INJECTION SITE.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

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

Yes ☐

No ☒

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

Yes ☐

No ☒

Please record - **UNDERARM GLAND SWELLING OR
TENDERNESS.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with some activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

06 AUG 2020 19:39

PC Open Date & Time

06 AUG 2020 12:00

PC Close Date & Time

07 AUG 2020 11:59

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 4

Please record - **PAIN AT INJECTION SITE.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

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

Yes ☐

No ☒

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

Yes ☐

No ☒

Please record - **UNDERARM GLAND SWELLING OR
TENDERNESS.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with some activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

07 AUG 2020 18:12

PC Open Date & Time

07 AUG 2020 12:00

PC Close Date & Time

08 AUG 2020 11:59

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 5

Please record - **PAIN AT INJECTION SITE.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

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

Yes ☐

No ☒

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

Yes ☐

No ☒

Please record - **UNDERARM GLAND SWELLING OR
TENDERNESS.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with some activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

09 AUG 2020 09:49

PC Open Date & Time

08 AUG 2020 12:00

PC Close Date & Time

09 AUG 2020 11:59

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 6

Please record - **PAIN AT INJECTION SITE.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

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

Yes ☐

No ☒

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

Yes ☐

No ☒

Please record - **UNDERARM GLAND SWELLING OR
TENDERNESS.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with some activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

09 AUG 2020 14:59

PC Open Date & Time

09 AUG 2020 12:00

PC Close Date & Time

10 AUG 2020 11:59

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 7

Please record - **PAIN AT INJECTION SITE.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

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

Yes ☐

No ☒

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

Yes ☐

No ☒

Please record - **UNDERARM GLAND SWELLING OR
TENDERNESS.**

None ☒

Please select one response below

Does not interfere with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or
interferes with some activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

PC Time Stamp

11 AUG 2020 01:48

PC Open Date & Time

10 AUG 2020 12:00

PC Close Date & Time

11 AUG 2020 11:59

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

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

HEADACHE

None ☐

No interference with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or some
interference with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

FATIGUE

None ☐

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

MUSCLE ACHES ALL OVER BODY

None ☐

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

JOINT ACHES IN SEVERAL JOINTS

None ☐

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

NAUSEA/VOMITING

None ☐

No interference with activity or
1-2 episodes/24 hours ☐

Some interference with activity
or >2 episodes/24 hours ☐

Prevents daily activity, requires
outpatient IV hydration ☐

CHILLS

None ☐

No interference with activity ☐

Some interference with activity
not requiring medical attention ☐

Prevents daily activity and
requires medical attention ☐

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:48:21

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

No ☐

Yes ☐

PC Time stamp

PC Open Date & Time

04 AUG 2020 09:55

PC Close Date & Time

04 AUG 2020 12:25

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 1, AFTER VACCINATION
(AT HOME)

HEADACHE

None ☒

No interference with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or some
interference with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

FATIGUE

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

MUSCLE ACHES ALL OVER BODY

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

JOINT ACHES IN SEVERAL JOINTS

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

NAUSEA/VOMITING

None ☒

No interference with activity or
1-2 episodes/24 hours ☐

Some interference with activity
or >2 episodes/24 hours ☐

Prevents daily activity, requires
outpatient IV hydration ☐

CHILLS

None ☒

No interference with activity ☐

Some interference with activity
not requiring medical attention ☐

Prevents daily activity and
requires medical attention ☐

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:48:21

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

No ☒

Yes ☐

PC Time stamp	05 AUG 2020 02:27
PC Open Date & Time	04 AUG 2020 13:20
PC Close Date & Time	05 AUG 2020 11:59

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 2

HEADACHE

None ☒

No interference with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or some
interference with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

FATIGUE

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

MUSCLE ACHES ALL OVER BODY

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

JOINT ACHES IN SEVERAL JOINTS

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

NAUSEA/VOMITING

None ☒

No interference with activity or
1-2 episodes/24 hours ☐

Some interference with activity
or >2 episodes/24 hours ☐

Prevents daily activity, requires
outpatient IV hydration ☐

CHILLS

None ☒

No interference with activity ☐

Some interference with activity
not requiring medical attention ☐

Prevents daily activity and
requires medical attention ☐

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

No ☒

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:48:21

Yes <input type="checkbox"/>	
PC Time stamp	05 AUG 2020 12:14
PC Open Date & Time	05 AUG 2020 12:00
PC Close Date & Time	06 AUG 2020 11:59

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 3

HEADACHE

None ☒

No interference with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or some
interference with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

FATIGUE

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

MUSCLE ACHES ALL OVER BODY

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

JOINT ACHES IN SEVERAL JOINTS

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

NAUSEA/VOMITING

None ☒

No interference with activity or
1-2 episodes/24 hours ☐

Some interference with activity
or >2 episodes/24 hours ☐

Prevents daily activity, requires
outpatient IV hydration ☐

CHILLS

None ☒

No interference with activity ☐

Some interference with activity
not requiring medical attention ☐

Prevents daily activity and
requires medical attention ☐

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

No ☒

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:48:21

Yes <input type="checkbox"/>	
PC Time stamp	06 AUG 2020 19:39
PC Open Date & Time	06 AUG 2020 12:00
PC Close Date & Time	07 AUG 2020 11:59

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 4

HEADACHE

None ☒

No interference with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or some
interference with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

FATIGUE

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

MUSCLE ACHES ALL OVER BODY

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

JOINT ACHES IN SEVERAL JOINTS

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

NAUSEA/VOMITING

None ☒

No interference with activity or
1-2 episodes/24 hours ☐

Some interference with activity
or >2 episodes/24 hours ☐

Prevents daily activity, requires
outpatient IV hydration ☐

CHILLS

None ☒

No interference with activity ☐

Some interference with activity
not requiring medical attention ☐

Prevents daily activity and
requires medical attention ☐

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

No ☒

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:48:21

Yes <input type="checkbox"/>	
PC Time stamp	07 AUG 2020 18:11
PC Open Date & Time	07 AUG 2020 12:00
PC Close Date & Time	08 AUG 2020 11:59

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 5

HEADACHE

None ☒

No interference with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or some
interference with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

FATIGUE

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

MUSCLE ACHES ALL OVER BODY

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

JOINT ACHES IN SEVERAL JOINTS

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

NAUSEA/VOMITING

None ☒

No interference with activity or
1-2 episodes/24 hours ☐

Some interference with activity
or >2 episodes/24 hours ☐

Prevents daily activity, requires
outpatient IV hydration ☐

CHILLS

None ☒

No interference with activity ☐

Some interference with activity
not requiring medical attention ☐

Prevents daily activity and
requires medical attention ☐

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

No ☒

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:48:21

Yes <input type="checkbox"/>	
PC Time stamp	09 AUG 2020 09:49
PC Open Date & Time	08 AUG 2020 12:00
PC Close Date & Time	09 AUG 2020 11:59

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 6

HEADACHE

None ☒

No interference with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or some
interference with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

FATIGUE

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

MUSCLE ACHES ALL OVER BODY

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

JOINT ACHES IN SEVERAL JOINTS

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

NAUSEA/VOMITING

None ☒

No interference with activity or
1-2 episodes/24 hours ☐

Some interference with activity
or >2 episodes/24 hours ☐

Prevents daily activity, requires
outpatient IV hydration ☐

CHILLS

None ☒

No interference with activity ☐

Some interference with activity
not requiring medical attention ☐

Prevents daily activity and
requires medical attention ☐

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

No ☒

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:48:21

Yes <input type="checkbox"/>	
PC Time stamp	09 AUG 2020 14:59
PC Open Date & Time	09 AUG 2020 12:00
PC Close Date & Time	10 AUG 2020 11:59

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 7

HEADACHE

None ☒

No interference with activity ☐

Repeated use of over-the-counter
pain reliever > 24 hours or some
interference with activity ☐

Any use of prescription pain
reliever or prevents daily activity ☐

FATIGUE

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

MUSCLE ACHES ALL OVER BODY

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

JOINT ACHES IN SEVERAL JOINTS

None ☒

No interference with activity ☐

Some interference with activity ☐

Significant; prevents daily
activity ☐

NAUSEA/VOMITING

None ☒

No interference with activity or
1-2 episodes/24 hours ☐

Some interference with activity
or >2 episodes/24 hours ☐

Prevents daily activity, requires
outpatient IV hydration ☐

CHILLS

None ☒

No interference with activity ☐

Some interference with activity
not requiring medical attention ☐

Prevents daily activity and
requires medical attention ☐

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

No ☒

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:48:21

Yes <input type="checkbox"/>	
PC Time stamp	11 AUG 2020 01:48
PC Open Date & Time	10 AUG 2020 12:00
PC Close Date & Time	11 AUG 2020 11:59

US3252020

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

Was Contact Attempted?

Yes ☒

No ☐

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

13 AUG 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3252020

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:48:21

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3252020

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

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

US3252020

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:48:21

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3252020

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

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

US3252020

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:48:21

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3252020

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:48:21

Was this visit performed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Visit date (dd MMM yyyy)	4 SEP 2020
Was visit performed at the participant's home or at the clinic?	Home <input type="radio"/>
	Clinic <input checked="" type="radio"/>
Folder OID	VISIT2

US3252020

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:48:21

Timepoint	Pre-Dose <input checked="" type="radio"/>
	Post-Dose <input type="radio"/>
Were vital signs assessed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Date of assessment (dd MMM yyyy)	4 SEP 2020
Time of assessment (00:00-23:59)	12:26 (24 HR)
Vital Signs Date and Time (derived)	4 SEP 2020 12:26
Temperature (xxx.x)	97.6 F
Route of measurement	Oral <input checked="" type="radio"/>
	Axillary <input type="radio"/>
	Other <input type="radio"/>
If Other, specify	
Pulse (xxx)	70 beats/min
Pulse units	BPM
Respiratory Rate (xxx)	15 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (xxx)	124 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (xxx)	83 mmHg
Diastolic Blood Pressure units	MMHG

US3252020

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:48:21

Timepoint	Pre-Dose <input type="radio"/>
	Post-Dose <input checked="" type="radio"/>
Were vital signs assessed?	Yes <input type="radio"/>
	No <input checked="" type="radio"/>
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 <input type="radio"/>
	Axillary <input type="radio"/>
	Other <input type="radio"/>
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	

US3252020

Folder: Visit 2 Day 29 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:48:21

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.

US3252020

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:48:21

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

AS PER PROTOCOL PATIENTS
THAT TEST POSITIVE FOR
COVID CAN NO LONGER GET
SECOND DOSE OF INJECTION.
PATIENT AGREED TO STAY IN
STUDY AND COMPLETE ALL
RELEVANT PROCEDURES
ALLOWED IN PROTOCOL.
PATIENT AS

What was the study treatment? _____

What was the treatment date? (dd MMM yyyy) _____

What was the treatment time? (00:00-23:59) _____

Treatment Date and Time (derived) _____

Which arm was used to give treatment? Left Arm ☐
Right Arm ☐

What was the frequency of the study treatment dosing? _____

What was the route of administration for the study treatment? _____

US3252020

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:48:21

Was the sample collected?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Collection date (<i>dd MMM yyyy</i>)	4 SEP 2020
Collection time (<i>00:00-23:59</i>)	12:25 (24 HR)
Collection date and time (derived)	4 SEP 2020 12:25

US3252020

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 10:48:21

Collection date (<i>dd MMM yyyy</i>)			4 SEP 2020
Lab Test	Was the sample collected?	Collection time (<i>00:00 - 23:59</i>)	Collection date and time (derived)
Nasopharyngeal Swab 1	Yes	12:05	4 SEP 2020 12:05
Nasopharyngeal Swab 2	No		

US3252020

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:48:21

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3252020

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

Was Contact Attempted?

Yes ☒

No ☐

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

9 SEP 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3252020

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:48:21

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3252020

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

Was Contact Attempted?

Yes ☒

No ☐

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

18 SEP 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3252020

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:48:21

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3252020

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

Was Contact Attempted?

Yes ☒

No ☐

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

25 SEP 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3252020

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:48:21

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3252020

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:48:21

Was this visit performed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Visit date (dd MMM yyyy)	30 SEP 2020
Was visit performed at the participant's home or at the clinic?	Home <input type="radio"/>
	Clinic <input checked="" type="radio"/>
Folder OID	VISIT3

US3252020

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

Were vital signs assessed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Date of assessment (<i>dd MMM yyyy</i>)	30 SEP 2020
Time of assessment (<i>00:00-23:59</i>)	11:09 (24 HR)
Vital Signs Date and Time (derived)	30 SEP 2020 11:09
Temperature (<i>xxx.x</i>)	98.3 F
Route of measurement	Oral <input checked="" type="radio"/>
	Axillary <input type="radio"/>
	Other <input type="radio"/>
If Other, specify	
Pulse (<i>xxx</i>)	69 beats/min
Pulse units	BPM
Respiratory Rate (<i>xxx</i>)	15 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (<i>xxx</i>)	120 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (<i>xxx</i>)	70 mmHg
Diastolic Blood Pressure units	MMHG
Height (derived)	
Weight (derived)	

US3252020

Folder: Visit 3 Day 57 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:48:21

Was the physical examination performed?

Yes ☒

No ☐

Date of examination (dd MMM yyyy)

30 SEP 2020

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

US3252020

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:48:21

Was the sample collected?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Collection date (<i>dd MMM yyyy</i>)	30 SEP 2020
Collection time (<i>00:00-23:59</i>)	11:26 (24 HR)
Collection date and time (derived)	30 SEP 2020 11:26

US3252020

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:48:21

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 64

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

No ☒

Yes ☐

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

No ☒

Yes ☐

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

Date and time of submission

06 OCT 2020 16:28:15

Patient Cloud Open Date & Time

04 OCT 2020 00:01

Patient Cloud Close Date & Time

08 OCT 2020 23:59

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 71

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

No ☒

Yes ☐

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

No ☒

Yes ☐

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

Date and time of submission

14 OCT 2020 08:50:23

Patient Cloud Open Date & Time

11 OCT 2020 00:01

Patient Cloud Close Date & Time

15 OCT 2020 23:59

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 78

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

No ☒

Yes ☐

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

No ☒

Yes ☐

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

Date and time of submission

19 OCT 2020 15:25:30

Patient Cloud Open Date & Time

18 OCT 2020 00:01

Patient Cloud Close Date & Time

22 OCT 2020 23:59

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 92

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

No ☒

Yes ☐

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

No ☒

Yes ☐

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

Date and time of submission

05 NOV 2020 09:01:48

Patient Cloud Open Date & Time

01 NOV 2020 00:01

Patient Cloud Close Date & Time

05 NOV 2020 23:59

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 99

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

No ☒

Yes ☐

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

No ☒

Yes ☐

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

Date and time of submission

11 NOV 2020 08:31:53

Patient Cloud Open Date & Time

08 NOV 2020 00:01

Patient Cloud Close Date & Time

12 NOV 2020 23:59

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 106

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

No ☒

Yes ☐

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

No ☒

Yes ☐

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

Date and time of submission

16 NOV 2020 23:21:55

Patient Cloud Open Date & Time

15 NOV 2020 00:01

Patient Cloud Close Date & Time

19 NOV 2020 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT	DAY 61
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with 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 <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
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 <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

01 OCT 2020 00:01

[Patient Cloud Close Date & Time](#)

05 OCT 2020 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT	DAY 68
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with 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 <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
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 <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

08 OCT 2020 00:01

[Patient Cloud Close Date & Time](#)

12 OCT 2020 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT	DAY 75
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with 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 <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
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 <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	15 OCT 2020 00:01
Patient Cloud Close Date & Time	19 OCT 2020 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT	DAY 82
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with 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 <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
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 <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

22 OCT 2020 00:01

[Patient Cloud Close Date & Time](#)

26 OCT 2020 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT	DAY 89
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with 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 <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
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 <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

29 OCT 2020 00:01

[Patient Cloud Close Date & Time](#)

02 NOV 2020 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT	DAY 96
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with 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 <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
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 <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

05 NOV 2020 00:01

[Patient Cloud Close Date & Time](#)

09 NOV 2020 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 103

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

12 NOV 2020 00:01

[Patient Cloud Close Date & Time](#)

16 NOV 2020 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 110

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

No ☒

Yes ☐

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

No ☒

Yes ☐

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

Date and time of submission

20 NOV 2020 12:52:23

Patient Cloud Open Date & Time

19 NOV 2020 00:01

Patient Cloud Close Date & Time

23 NOV 2020 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 117

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

26 NOV 2020 00:01

[Patient Cloud Close Date & Time](#)

30 NOV 2020 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

03 DEC 2020 00:01

[Patient Cloud Close Date & Time](#)

07 DEC 2020 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	10 DEC 2020 00:01
Patient Cloud Close Date & Time	14 DEC 2020 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 138

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	17 DEC 2020 00:01
Patient Cloud Close Date & Time	21 DEC 2020 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 145

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	24 DEC 2020 00:01
Patient Cloud Close Date & Time	28 DEC 2020 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 152

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

31 DEC 2020 00:01

[Patient Cloud Close Date & Time](#)

04 JAN 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 159

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

07 JAN 2021 00:01

[Patient Cloud Close Date & Time](#)

11 JAN 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 166

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

14 JAN 2021 00:01

[Patient Cloud Close Date & Time](#)

18 JAN 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 173

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

21 JAN 2021 00:01

[Patient Cloud Close Date & Time](#)

25 JAN 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

28 JAN 2021 00:01

[Patient Cloud Close Date & Time](#)

01 FEB 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

04 FEB 2021 00:01

[Patient Cloud Close Date & Time](#)

08 FEB 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 194

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

11 FEB 2021 00:01

[Patient Cloud Close Date & Time](#)

15 FEB 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

18 FEB 2021 00:01

[Patient Cloud Close Date & Time](#)

22 FEB 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 208

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

25 FEB 2021 00:01

[Patient Cloud Close Date & Time](#)

01 MAR 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 215

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

04 MAR 2021 00:01

[Patient Cloud Close Date & Time](#)

08 MAR 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 222

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

11 MAR 2021 00:01

[Patient Cloud Close Date & Time](#)

15 MAR 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

18 MAR 2021 00:01

[Patient Cloud Close Date & Time](#)

22 MAR 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

25 MAR 2021 00:01

[Patient Cloud Close Date & Time](#)

29 MAR 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 243

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

01 APR 2021 00:01

[Patient Cloud Close Date & Time](#)

05 APR 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

08 APR 2021 00:01

[Patient Cloud Close Date & Time](#)

12 APR 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 257

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	15 APR 2021 00:01
Patient Cloud Close Date & Time	19 APR 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

22 APR 2021 00:01

[Patient Cloud Close Date & Time](#)

26 APR 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 271

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

29 APR 2021 00:01

[Patient Cloud Close Date & Time](#)

03 MAY 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 278

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

06 MAY 2021 00:01

[Patient Cloud Close Date & Time](#)

10 MAY 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT	DAY 285
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with 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 <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
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 <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

13 MAY 2021 00:01

[Patient Cloud Close Date & Time](#)

17 MAY 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 292

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

20 MAY 2021 00:01

[Patient Cloud Close Date & Time](#)

24 MAY 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 299

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

27 MAY 2021 00:01

[Patient Cloud Close Date & Time](#)

31 MAY 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 306

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

03 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

07 JUN 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 313

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

10 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

14 JUN 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT	DAY 320
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with 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 <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
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 <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

17 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

21 JUN 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 327

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

24 JUN 2021 00:01

[Patient Cloud Close Date & Time](#)

28 JUN 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 334

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

01 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

05 JUL 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT	DAY 341
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with 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 <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
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 <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

08 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

12 JUL 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 348

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

15 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

19 JUL 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 355

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

22 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

26 JUL 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 362

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

29 JUL 2021 00:01

[Patient Cloud Close Date & Time](#)

02 AUG 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 369

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

05 AUG 2021 00:01

[Patient Cloud Close Date & Time](#)

09 AUG 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 376

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	12 AUG 2021 00:01
Patient Cloud Close Date & Time	16 AUG 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

19 AUG 2021 00:01

[Patient Cloud Close Date & Time](#)

23 AUG 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 390

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

26 AUG 2021 00:01

[Patient Cloud Close Date & Time](#)

30 AUG 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 397

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

02 SEP 2021 00:01

[Patient Cloud Close Date & Time](#)

06 SEP 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 404

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

09 SEP 2021 00:01

[Patient Cloud Close Date & Time](#)

13 SEP 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT	DAY 411
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with 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 <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
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 <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

16 SEP 2021 00:01

[Patient Cloud Close Date & Time](#)

20 SEP 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 418

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

23 SEP 2021 00:01

[Patient Cloud Close Date & Time](#)

27 SEP 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 425

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

30 SEP 2021 00:01

[Patient Cloud Close Date & Time](#)

04 OCT 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 432

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

07 OCT 2021 00:01

[Patient Cloud Close Date & Time](#)

11 OCT 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT	DAY 439
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Have you been exposed to someone with 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 <input type="radio"/> Yes <input type="radio"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
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 <input type="radio"/> Yes <input type="radio"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	14 OCT 2021 00:01
Patient Cloud Close Date & Time	18 OCT 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT	DAY 446
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with 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 <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
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 <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

21 OCT 2021 00:01

[Patient Cloud Close Date & Time](#)

25 OCT 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 453

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

28 OCT 2021 00:01

[Patient Cloud Close Date & Time](#)

01 NOV 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT	DAY 460
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with 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 <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
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 <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

04 NOV 2021 00:01

[Patient Cloud Close Date & Time](#)

08 NOV 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 467

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

Patient Cloud Open Date & Time	11 NOV 2021 00:01
--	-------------------

Patient Cloud Close Date & Time	15 NOV 2021 23:59
---	-------------------

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 474

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	18 NOV 2021 00:01
Patient Cloud Close Date & Time	22 NOV 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 481

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

25 NOV 2021 00:01

[Patient Cloud Close Date & Time](#)

29 NOV 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 488

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

02 DEC 2021 00:01

[Patient Cloud Close Date & Time](#)

06 DEC 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 495

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

09 DEC 2021 00:01

[Patient Cloud Close Date & Time](#)

13 DEC 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 502

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

16 DEC 2021 00:01

[Patient Cloud Close Date & Time](#)

20 DEC 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 509

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐

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 ☐

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

23 DEC 2021 00:01

[Patient Cloud Close Date & Time](#)

27 DEC 2021 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 516

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

No ☐

Yes ☐

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

No ☐

Yes ☐

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

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?

No ☐

Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

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

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

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?

No ☐

Yes ☐

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

30 DEC 2021 00:01

[Patient Cloud Close Date & Time](#)

03 JAN 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 523

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

06 JAN 2022 00:01

[Patient Cloud Close Date & Time](#)

10 JAN 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 530

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

13 JAN 2022 00:01

[Patient Cloud Close Date & Time](#)

17 JAN 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 537

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

20 JAN 2022 00:01

[Patient Cloud Close Date & Time](#)

24 JAN 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 544

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	27 JAN 2022 00:01
Patient Cloud Close Date & Time	31 JAN 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 551

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

03 FEB 2022 00:01

[Patient Cloud Close Date & Time](#)

07 FEB 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 558

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
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 ☐

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

10 FEB 2022 00:01

[Patient Cloud Close Date & Time](#)

14 FEB 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 565

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

17 FEB 2022 00:01

[Patient Cloud Close Date & Time](#)

21 FEB 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 572

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

24 FEB 2022 00:01

[Patient Cloud Close Date & Time](#)

28 FEB 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 579

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

03 MAR 2022 00:01

[Patient Cloud Close Date & Time](#)

07 MAR 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 586

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

10 MAR 2022 00:01

[Patient Cloud Close Date & Time](#)

14 MAR 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 593

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

17 MAR 2022 00:01

[Patient Cloud Close Date & Time](#)

21 MAR 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

24 MAR 2022 00:01

[Patient Cloud Close Date & Time](#)

28 MAR 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 607

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

31 MAR 2022 00:01

[Patient Cloud Close Date & Time](#)

04 APR 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

07 APR 2022 00:01

[Patient Cloud Close Date & Time](#)

11 APR 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT	DAY 621
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with 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 <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
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 <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

14 APR 2022 00:01

[Patient Cloud Close Date & Time](#)

18 APR 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 628

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

21 APR 2022 00:01

[Patient Cloud Close Date & Time](#)

25 APR 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 635

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

28 APR 2022 00:01

[Patient Cloud Close Date & Time](#)

02 MAY 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 642

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

05 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

09 MAY 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 649

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

12 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

16 MAY 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 656

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

19 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

23 MAY 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 663

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

26 MAY 2022 00:01

[Patient Cloud Close Date & Time](#)

30 MAY 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 670

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

02 JUN 2022 00:01

[Patient Cloud Close Date & Time](#)

06 JUN 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 677

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

09 JUN 2022 00:01

[Patient Cloud Close Date & Time](#)

13 JUN 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 684

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

16 JUN 2022 00:01

[Patient Cloud Close Date & Time](#)

20 JUN 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

23 JUN 2022 00:01

[Patient Cloud Close Date & Time](#)

27 JUN 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 698

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

30 JUN 2022 00:01

[Patient Cloud Close Date & Time](#)

04 JUL 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 705

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

No ☐

Yes ☐

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

No ☐

Yes ☐

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

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic?

No ☐

Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)

Chills

Cough

Shortness of breath

Difficulty breathing

Fatigue

Muscle aches

Body aches

Headache

New loss of taste

New loss of smell

Sore throat

Congestion

Runny nose

Nausea

Vomiting

Diarrhea

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

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

Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?

No ☐

Yes ☐

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

07 JUL 2022 00:01

[Patient Cloud Close Date & Time](#)

11 JUL 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 712

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

14 JUL 2022 00:01

[Patient Cloud Close Date & Time](#)

18 JUL 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT	DAY 719
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>
Have you been exposed to someone with 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 <input type="radio"/> Yes <input type="radio"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
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 <input type="radio"/> Yes <input type="radio"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="radio"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="radio"/> Yes <input type="radio"/>

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	21 JUL 2022 00:01
Patient Cloud Close Date & Time	25 JUL 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 726

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

28 JUL 2022 00:01

[Patient Cloud Close Date & Time](#)

01 AUG 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 733

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

04 AUG 2022 00:01

[Patient Cloud Close Date & Time](#)

08 AUG 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT	DAY 740
Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been exposed to someone with 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 <input type="checkbox"/> Yes <input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
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 <input type="checkbox"/> Yes <input type="checkbox"/>
Please identify below which symptoms you have experienced or are experiencing (Check all that apply):	
Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>
Body aches	<input type="checkbox"/>
Headache	<input type="checkbox"/>
New loss of taste	<input type="checkbox"/>
New loss of smell	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Congestion	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
Have you had to contact a healthcare provider since the last time you completed this questionnaire or had contact with the study clinic?	No <input type="checkbox"/> Yes <input type="checkbox"/>

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

Patient Cloud Open Date & Time	11 AUG 2022 00:01
--	-------------------

Patient Cloud Close Date & Time	15 AUG 2022 23:59
---	-------------------

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 747

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

18 AUG 2022 00:01

[Patient Cloud Close Date & Time](#)

22 AUG 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 754

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

25 AUG 2022 00:01

[Patient Cloud Close Date & Time](#)

29 AUG 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 761

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

01 SEP 2022 00:01

[Patient Cloud Close Date & Time](#)

05 SEP 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 768

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

08 SEP 2022 00:01

[Patient Cloud Close Date & Time](#)

12 SEP 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 775

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission	
Patient Cloud Open Date & Time	15 SEP 2022 00:01
Patient Cloud Close Date & Time	19 SEP 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 782

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐
Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐
Chills ☐
Cough ☐
Shortness of breath ☐
Difficulty breathing ☐
Fatigue ☐
Muscle aches ☐
Body aches ☐
Headache ☐
New loss of taste ☐
New loss of smell ☐
Sore throat ☐
Congestion ☐
Runny nose ☐
Nausea ☐
Vomiting ☐
Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

Please contact your study clinic immediately. Click below to confirm that you have read this message and understood that you must call your study clinic.	I confirm I have read this message and will call the study clinic immediately <input type="checkbox"/>
---	--

Date and time of submission

[Patient Cloud Open Date & Time](#)

22 SEP 2022 00:01

[Patient Cloud Close Date & Time](#)

26 SEP 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

DAY 789

Have you had any changes in your health since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

Have you been exposed to someone with known SARS-CoV-2 infection or COVID-19 disease since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

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

Have you experienced any new COVID-19 disease symptoms since the last time you completed this questionnaire or had contact with the study clinic? No ☐ Yes ☐

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

Fever (Temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) ☐

Chills ☐

Cough ☐

Shortness of breath ☐

Difficulty breathing ☐

Fatigue ☐

Muscle aches ☐

Body aches ☐

Headache ☐

New loss of taste ☐

New loss of smell ☐

Sore throat ☐

Congestion ☐

Runny nose ☐

Nausea ☐

Vomiting ☐

Diarrhea ☐

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

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

29 SEP 2022 00:01

[Patient Cloud Close Date & Time](#)

03 OCT 2022 23:59

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

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

Date and time of submission

[Patient Cloud Open Date & Time](#)

06 OCT 2022 00:01

[Patient Cloud Close Date & Time](#)

10 OCT 2022 23:59

US3252020

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

Was Contact Attempted?

Yes ☒

No ☐

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

28 OCT 2020

Please select one status for the follow-up contact

Contact Made ☒

Contact Not Made ☐

Comments

If Contact Not Made, please provide Comments

US3252020

Folder: Safety Call Day 85 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:48:21

Is the participant continuing to the next visit?

Yes ☒

No ☐

Continuing Flag

1

US3252020

Folder: Safety Call Day 119 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

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

US3252020

Folder: Safety Call Day 119 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:48:21

Is the participant continuing to the next visit?

Yes ☐

No ☐

Continuing Flag

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:48:21

Date of Contact	17 AUG 2020
Time of Contact	17:00
Date and Time of Contact (derived)	17 AUG 2020 17:00
Type of Contact	Clinic Visit - Scheduled <input type="checkbox"/>
	Clinical Visit - Unscheduled <input checked="" type="checkbox"/>
	Safety Call <input type="checkbox"/>
	Convalescent Tele-visit <input type="checkbox"/>
Has the subject reported symptoms of SARS-COV-2?	Yes <input checked="" type="checkbox"/>
	No <input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:48:21

Symptom Day

Day 1	<input checked="" type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:48:21

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	13 AUG 2020	
Assessment Not Done	False	
O2 Saturation		
O2 Saturation Units		
Temperature		
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	302 of 2003	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:48:21

	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Muscle Aches (Myalgia)	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Body Aches	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Headache	None	<input type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
New Loss of Taste	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
New Loss of Smell	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Nasal Congestion	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:48:21

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Nausea	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Vomiting	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Diarrhea	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Sore Throat	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:48:21

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input checked="" type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:48:21

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	14 AUG 2020	
Assessment Not Done	False	
O2 Saturation		
O2 Saturation Units		
Temperature		
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	306 of 2003	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:48:21

	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Muscle Aches (Myalgia)	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Body Aches	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Headache	None	<input type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
New Loss of Taste	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
New Loss of Smell	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Nasal Congestion	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:48:21

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:48:21

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input checked="" type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:48:21

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	15 AUG 2020	
Assessment Not Done	False	
O2 Saturation		
O2 Saturation Units		
Temperature		
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	310 of 2003	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:48:21

	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Muscle Aches (Myalgia)	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Body Aches	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Headache	None	<input type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
New Loss of Taste	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
New Loss of Smell	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Nasal Congestion	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:48:21

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:48:21

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input checked="" type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:48:21

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	16 AUG 2020	
Assessment Not Done	False	
O2 Saturation		
O2 Saturation Units		
Temperature		
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	314 of 2003	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:48:21

	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Muscle Aches (Myalgia)	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Body Aches	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Headache	None	<input type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
New Loss of Taste	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
New Loss of Smell	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Nasal Congestion	None	<input type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:48:21

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Nausea	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Vomiting	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Diarrhea	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Sore Throat	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:48:21

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input checked="" type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:48:21

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	17 AUG 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
O2 Saturation Units	%	
Temperature	99.1 F	
Chills	None	<input type="checkbox"/>
	Mild	<input checked="" type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Cough	None	<input type="checkbox"/>
	Mild	<input checked="" type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Shortness of Breath	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Difficulty Breathing	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Fatigue	None	<input type="checkbox"/>
v6.020 DTW (1102)	318 of 2003	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:48:21

	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Muscle Aches (Myalgia)	None	<input type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input checked="" type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Body Aches	None	<input type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input checked="" type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Headache	None	<input type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input checked="" type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
New Loss of Taste	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
New Loss of Smell	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Nasal Congestion	None	<input type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:48:21

	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Runny Nose (Rhinorrhea)	None	<input type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Nausea	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Vomiting	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Diarrhea	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Sore Throat	None	<input type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:48:21

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input checked="" type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:48:21

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	18 AUG 2020	
Assessment Not Done	False	
O2 Saturation	99 %	
O2 Saturation Units	%	
Temperature	98.9 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input checked="" type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input type="radio"/>
v6.020 DTW (1102)	322 of 2003	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:48:21

	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Muscle Aches (Myalgia)	None	<input type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Body Aches	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Headache	None	<input type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input checked="" type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
New Loss of Taste	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
New Loss of Smell	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Nasal Congestion	None	<input type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input checked="" type="radio"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:48:21

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input type="checkbox"/>
	Mild	<input checked="" type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:48:21

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input checked="" type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:48:21

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	19 AUG 2020	
Assessment Not Done	False	
O2 Saturation	99 %	
O2 Saturation Units	%	
Temperature	98.6 F	
Chills	None	<input type="checkbox"/>
	Mild	<input checked="" type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Cough	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Shortness of Breath	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Difficulty Breathing	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Fatigue	None	<input type="checkbox"/>
v6.020 DTW (1102)	326 of 2003	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:48:21

	Mild	<input type="radio"/>
	Moderate	<input checked="" type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Muscle Aches (Myalgia)	None	<input type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Body Aches	None	<input type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Headache	None	<input type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input checked="" type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
New Loss of Taste	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
New Loss of Smell	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Nasal Congestion	None	<input type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input checked="" type="radio"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:48:21

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input type="checkbox"/>
	Mild	<input checked="" type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input type="checkbox"/>
	Mild	<input checked="" type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:48:21

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input checked="" type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:48:21

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	20 AUG 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
O2 Saturation Units	%	
Temperature	97 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input type="radio"/>
v6.020 DTW (1102)	330 of 2003	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:48:21

	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Muscle Aches (Myalgia)	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Body Aches	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Headache	None	<input type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
New Loss of Taste	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
New Loss of Smell	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Nasal Congestion	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:48:21

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:48:21

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input checked="" type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:48:21

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	21 AUG 2020	
Assessment Not Done	False	
O2 Saturation	99 %	
O2 Saturation Units	%	
Temperature	98.7 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	334 of 2003	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:48:21

	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Muscle Aches (Myalgia)	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Body Aches	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Headache	None	<input type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
New Loss of Taste	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
New Loss of Smell	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Nasal Congestion	None	<input type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:48:21

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Nausea	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Vomiting	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Diarrhea	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Sore Throat	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:48:21

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input checked="" type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:48:21

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	22 AUG 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
O2 Saturation Units	%	
Temperature	98.1 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	338 of 2003	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:48:21

	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Muscle Aches (Myalgia)	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Body Aches	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Headache	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
New Loss of Taste	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
New Loss of Smell	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Nasal Congestion	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:48:21

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Nausea	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Vomiting	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Diarrhea	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Sore Throat	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:48:21

[Symptom Day](#)

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input checked="" type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:48:21

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	23 AUG 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
O2 Saturation Units	%	
Temperature	97.9 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	342 of 2003	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:48:21

	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Muscle Aches (Myalgia)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Body Aches	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Headache	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

New Loss of Taste	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

New Loss of Smell	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Nasal Congestion	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:48:21

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input type="checkbox"/>
	Mild	<input checked="" type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:48:21

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input checked="" type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:48:21

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	24 AUG 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
O2 Saturation Units	%	
Temperature	98.1 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	346 of 2003	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:48:21

	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Muscle Aches (Myalgia)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Body Aches	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Headache	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

New Loss of Taste	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

New Loss of Smell	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Nasal Congestion	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:48:21

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:48:21

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input checked="" type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:48:21

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	25 AUG 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
O2 Saturation Units	%	
Temperature	98.1 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	350 of 2003	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:48:21

	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Muscle Aches (Myalgia)	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Body Aches	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Headache	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
New Loss of Taste	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
New Loss of Smell	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Nasal Congestion	None	<input type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:48:21

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:48:21

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input checked="" type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:48:21

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	26 AUG 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
O2 Saturation Units	%	
Temperature	97.8 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	354 of 2003	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:48:21

	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>

Muscle Aches (Myalgia)	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>

Body Aches	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>

Headache	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>

New Loss of Taste	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>

New Loss of Smell	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>

Nasal Congestion	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:48:21

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Nausea	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Vomiting	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Diarrhea	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Sore Throat	None	<input type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:48:21

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input checked="" type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:48:21

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	27 AUG 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
O2 Saturation Units	%	
Temperature	97.6 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	358 of 2003	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:48:21

	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Muscle Aches (Myalgia)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Body Aches	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Headache	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
New Loss of Taste	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
New Loss of Smell	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nasal Congestion	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:48:21

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Nausea	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Vomiting	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Diarrhea	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Sore Throat	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:48:21

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input checked="" type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:48:21

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	28 AUG 2020	
Assessment Not Done	False	
O2 Saturation	98 %	
O2 Saturation Units	%	
Temperature	97.5 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	362 of 2003	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:48:21

	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Muscle Aches (Myalgia)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Body Aches	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Headache	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

New Loss of Taste	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

New Loss of Smell	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Nasal Congestion	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:48:21

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:48:21

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input checked="" type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:48:21

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	29 AUG 2020	
Assessment Not Done	False	
O2 Saturation	96 %	
O2 Saturation Units	%	
Temperature	98.1 F	
Chills	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Cough	None	<input type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Shortness of Breath	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Difficulty Breathing	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Fatigue	None	<input checked="" type="radio"/>
v6.020 DTW (1102)	366 of 2003	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:48:21

	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Muscle Aches (Myalgia)	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Body Aches	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Headache	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
New Loss of Taste	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
New Loss of Smell	None	<input checked="" type="radio"/>
	Mild	<input type="radio"/>
	Moderate	<input type="radio"/>
	Severe	<input type="radio"/>
	Not Done	<input type="radio"/>
Nasal Congestion	None	<input type="radio"/>
	Mild	<input checked="" type="radio"/>
	Moderate	<input type="radio"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:48:21

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input checked="" type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:48:21

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input checked="" type="checkbox"/>
Day 19	<input type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:48:21

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	30 AUG 2020	
Assessment Not Done	True	
O2 Saturation		
O2 Saturation Units		
Temperature		
Chills	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Cough	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Shortness of Breath	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Difficulty Breathing	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Fatigue	None	<input type="checkbox"/>
v6.020 DTW (1102)	370 of 2003	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:48:21

	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Muscle Aches (Myalgia)	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Body Aches	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Headache	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

New Loss of Taste	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

New Loss of Smell	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Nasal Congestion	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:48:21

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:48:21

Symptom Day

Day 1	<input type="checkbox"/>
Day 2	<input type="checkbox"/>
Day 3	<input type="checkbox"/>
Day 4	<input type="checkbox"/>
Day 5	<input type="checkbox"/>
Day 6	<input type="checkbox"/>
Day 7	<input type="checkbox"/>
Day 8	<input type="checkbox"/>
Day 9	<input type="checkbox"/>
Day 10	<input type="checkbox"/>
Day 11	<input type="checkbox"/>
Day 12	<input type="checkbox"/>
Day 13	<input type="checkbox"/>
Day 14	<input type="checkbox"/>
Day 15	<input type="checkbox"/>
Day 16	<input type="checkbox"/>
Day 17	<input type="checkbox"/>
Day 18	<input type="checkbox"/>
Day 19	<input checked="" type="checkbox"/>
Day 20	<input type="checkbox"/>
Day 21	<input type="checkbox"/>
Day 22	<input type="checkbox"/>
Day 23	<input type="checkbox"/>
Day 24	<input type="checkbox"/>
Day 25	<input type="checkbox"/>
Day 26	<input type="checkbox"/>
Day 27	<input type="checkbox"/>
Day 28	<input type="checkbox"/>
Day 29	<input type="checkbox"/>
Day 30	<input type="checkbox"/>
Day 31	<input type="checkbox"/>
Day 32	<input type="checkbox"/>
Day 33	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:48:21

	Day 34	<input type="checkbox"/>
	Day 35	<input type="checkbox"/>
	Day 36	<input type="checkbox"/>
	Day 37	<input type="checkbox"/>
	Day 38	<input type="checkbox"/>
	Day 39	<input type="checkbox"/>
	Day 40	<input type="checkbox"/>
Date	31 AUG 2020	
Assessment Not Done	True	
O2 Saturation		
O2 Saturation Units		
Temperature		
Chills	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Cough	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Shortness of Breath	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Difficulty Breathing	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Fatigue	None	<input type="checkbox"/>
v6.020 DTW (1102)	374 of 2003	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:48:21

	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Muscle Aches (Myalgia)	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Body Aches	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Headache	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

New Loss of Taste	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

New Loss of Smell	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

Nasal Congestion	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:48:21

	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Runny Nose (Rhinorrhea)	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Nausea	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Vomiting	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Diarrhea	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>
Sore Throat	None	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Not Done	<input type="checkbox"/>

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:48:21

Date of Visit	17 AUG 2020
Was the Subject Tested For SARS-CoV-2 by RT-PCR?	Yes <input checked="" type="radio"/> No <input type="radio"/>
Did Subject Test Positive For SARS-CoV-2 by RT-PCR?	Yes <input checked="" type="radio"/> No <input type="radio"/>
Date of Test	17 AUG 2020
Type of Test Performed	Nasopharyngeal Swab <input checked="" type="radio"/> Nasal Swab <input type="radio"/> Saliva Test <input type="radio"/> Other <input type="radio"/>
Other, specify _____	
Was this diagnostic test performed at a lab other than the Study Central Lab?	Yes <input type="radio"/> No <input checked="" type="radio"/>
If yes, provide lab information below	
Lab/ Institution Test Performed	_____
CLIA Certified?	Yes <input type="radio"/> No <input type="radio"/>
COVID-19 Positive (CSA Programming Field Only)	1

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

Did the subject have Respiratory Rates ≥ 30 per Minute? Yes ☐ No ☒

If Yes, provide:

Start Date _____

End Date _____

Respiratory Rate _____

Did the subject have Heart Rate ≥ 125 beats per minute? Yes ☐ No ☒

If Yes, provide:

Start Date _____

End Date _____

Heart Rate _____

Did the subject have Oxygen Saturation of SpO₂ $\leq 93\%$ on room air at sea level? Yes ☐ No ☒

If Yes, provide:

Start Date _____

End Date _____

Oxygen Saturation _____

Did the subject have PaO₂/FIO₂ Ratio < 300 mm Hg? Yes ☐ No ☒

If Yes, provide:

Start Date _____

End Date _____

PaO₂ _____

Did the subject have Respiratory failure? Yes ☐ No ☒

Start Date _____

Did the subject have Acute Respiratory Distress Syndrome (ARDS)? Yes ☐ No ☒

Start Date _____

If Yes to either Did subject require any of the following:

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

Ventilator Support:

High-Flow Oxygen? Yes ☐ No ☒

Start Date _____

End Date _____

Non-Invasive Ventilation? Yes ☐ No ☒

Start Date _____

End Date _____

Mechanical Ventilation? Yes ☐ No ☒

Start Date _____

End Date _____

ECMO? Yes ☐ No ☒

Start Date _____

End Date _____

Evidence of Shock:

Systolic Blood Pressure < 90 mmHg, Diastolic Blood Pressure < 60 mmHg Yes ☐ No ☒

Start Date _____

End Date _____

Evidence of Shock Requires Vasopressors Yes ☐ No ☒

Start Date _____

End Date _____

Acute Renal Dysfunction? Yes ☐ No ☒

Start Date _____

Hepatic Dysfunction? Yes ☐ No ☒

Start Date _____

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

Neurologic Dysfunction? Yes ☐
No ☒

Start Date

Evidence of Pneumonia:

Clinical Evidence Yes ☐
No ☒

Date of Assessment

Radiographical Evidence Yes ☐
No ☒

Date of Assessment

Admission to an intensive care unit due to SARS-CoV-2 Yes ☐
No ☒

Start Date

End Date

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:48:21

[Generate Next COVID-19 Assessment](#)

Yes ☐
No ☒

US3252020

Folder: Illness Visit (1)

Form: Saliva Collection

Generated On: 26 Nov 2020 10:48:21

Visit	Was Saliva Collected?	Date of Collection
Day 3	Yes	19 AUG 2020
Day 5	Yes	21 AUG 2020
Day 7	Yes	23 AUG 2020
Day 9	Yes	25 AUG 2020
Day 14	No	
Day 21	No	
Day 28	No	

US3252020

Folder: Illness Visit Day 1 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:48:21

Was this visit performed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Visit date (dd MMM yyyy)	17 AUG 2020
Was visit performed at the participant's home or at the clinic?	Home <input type="radio"/>
	Clinic <input checked="" type="radio"/>
Folder OID	SICKD1

US3252020

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

Were vital signs assessed?	Yes <input checked="" type="radio"/>
	No <input type="radio"/>
Date of assessment (<i>dd MMM yyyy</i>)	17 AUG 2020
Time of assessment (<i>00:00-23:59</i>)	15:00 (24 HR)
Vital Signs Date and Time (derived)	17 AUG 2020 15:00
Height (<i>xxx.x</i>)	70.5 in
Weight (<i>xxx.x</i>)	190 lb
Temperature (<i>xxx.x</i>)	99.1 F
Route of measurement	Oral <input checked="" type="radio"/>
	Axillary <input type="radio"/>
	Other <input type="radio"/>
If Other, specify	
Pulse (<i>xxx</i>)	78 beats/min
Pulse units	BPM
Respiratory Rate (<i>xxx</i>)	16 breaths/min
Respiratory Rate units	BREATHS/MIN
Systolic Blood Pressure (<i>xxx</i>)	145 mmHg
Systolic Blood Pressure units	MMHG
Diastolic Blood Pressure (<i>xxx</i>)	91 mmHg
Diastolic Blood Pressure units	MMHG
Height (derived)	
Weight (derived)	

US3252020

Folder: Illness Visit Day 1 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:48:21

Was the physical examination performed?

Yes ☒

No ☐

Date of examination (dd MMM yyyy)

17 AUG 2020

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

US3252020

Folder: Illness Visit Day 1 (1)

Form: Blood Sample Collection for Immunologic Assessment of SARS-CoV-2 Infection

Generated On: 26 Nov 2020 10:48:21

Was Blood Sample Taken for Immunologic Assessment of
SARS_COV-2 Infection?

Yes ☒

No ☐

NA (COVID-19 Negative) ☐

Date of Collection

17 AUG 2020

US3252020

Folder: Convalescence Visit Day 28 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:48:21

Was this visit performed?	Yes <input type="checkbox"/>
	No <input checked="" type="checkbox"/>

Visit date (dd MMM yyyy)	
--------------------------	--

Was visit performed at the participant's home or at the clinic?	Home <input type="checkbox"/>
	Clinic <input type="checkbox"/>

Folder OID	SICKD28
------------	---------

US3252020

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

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

US3252020

Folder: Convalescence Visit Day 28 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:48:21

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.

US3252020

Folder: Convalescence Visit Day 28 (1)

Form: Blood Sample Collection for Immunologic Assessment of SARS-CoV-2 Infection

Generated On: 26 Nov 2020 10:48:21

Was Blood Sample Taken for Immunologic Assessment of
SARS_COV-2 Infection?

Yes ☐

No ☒

NA (COVID-19 Negative) ☐

Date of Collection

US3252020

Folder: Adverse Events

Form: Adverse Events Summary

Generated On: 26 Nov 2020 10:48:21

Did the participant experience any adverse events?

Yes ☒

No ☐

If Yes, enter details on the Adverse Events form.

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

AEID	USA-US108-2020-MRNA-1273-P30 1000002
Adverse event	COVID-19 INFECTION
Was this a medically-attended AE?	Yes <input checked="" type="radio"/> No <input type="radio"/>
Was this a Solicited Adverse Reaction?	Yes <input type="radio"/> No <input checked="" type="radio"/>
Is this event a confirmed diagnosis of Symptomatic Covid-19?	Yes <input checked="" type="radio"/> No <input type="radio"/>
Start date (dd MMM yyyy)	13 AUG 2020
Start time (00:00-23:59)	
AE start date and time (derived)	
Ongoing?	Yes <input type="radio"/> No <input checked="" type="radio"/>
If not Ongoing, end date (dd MMM yyyy)	22 AUG 2020
End time (00:00-23:59)	
AE End Date and Time (derived)	
Severity	Grade 1/Mild <input type="radio"/> Grade 2/Moderate <input checked="" type="radio"/> Grade 3/Severe <input type="radio"/> Grade 4 <input type="radio"/>
Is the adverse event serious?	Yes <input type="radio"/> No <input checked="" type="radio"/>
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 <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/>
Number of Days in ICU	
v6.020 DTW (1102)	392 of 2003

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

Persistent or significant disability or incapacity	False
Congenital anomaly or birth defect	False
Other medically important event	False
Relationship to investigational product	Not Related <input checked="" type="radio"/> Related <input type="radio"/> Not Applicable <input type="radio"/>
Relationship to Study Procedure	Not Related <input checked="" type="radio"/> Related <input type="radio"/> Not Applicable <input type="radio"/>
Action taken with investigational product	None <input type="radio"/> Dose Delayed <input type="radio"/> Investigational Product <input checked="" type="radio"/> Withdrawn <input type="radio"/> Not Applicable <input type="radio"/>
Other action taken (check all that apply)	
None	False
Concomitant Medication	True
Concomitant Procedure	False
Outcome	Fatal <input type="radio"/> Not Recovered/Not Resolved <input type="radio"/> Recovered/Resolved <input checked="" type="radio"/> Recovered/Resolved with Sequelae <input type="radio"/> Recovering/Resolving <input type="radio"/> Unknown <input type="radio"/>
If outcome is Recovered/Resolved with Sequelae, please specify the sequelae:	
Narrative	SYMPTOMATIC PATIENT HAD A COVID NASOPHARYNGEAL SWAB FOR RT-PCR ANALYSIS. RESULTS CAME BACK AS "DETECTED".
Serious Adverse Event Derived (CSA Programming Field Only)	0
Medically Attended AE Derived (CSA Programming Field Only)	1
Admitted to ICU Derived (CSA Programming Field Only)	

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination Summary

Generated On: 26 Nov 2020 10:48:21

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

Yes ☒

No ☐

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

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:48:21

Name of Medication	AZITHROMYCIN
Prophylaxis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Indication	COVID +
Dose per administration	250
Dose unit	mg <input checked="" type="checkbox"/> ug <input type="checkbox"/> mL <input type="checkbox"/> g <input type="checkbox"/> IU <input type="checkbox"/> tablet <input type="checkbox"/> capsule <input type="checkbox"/> puff <input type="checkbox"/> Other <input type="checkbox"/>
If dose unit is Other, specify	
Frequency	once daily <input checked="" type="checkbox"/> twice daily <input type="checkbox"/> three times daily <input type="checkbox"/> four times daily <input type="checkbox"/> every other day <input type="checkbox"/> every week <input type="checkbox"/> every month <input type="checkbox"/> as needed <input type="checkbox"/> once <input type="checkbox"/> unknown <input type="checkbox"/> other <input type="checkbox"/>
If frequency is Other, specify	
Route of administration	Oral <input checked="" type="checkbox"/> Topical <input type="checkbox"/> Subcutaneous <input type="checkbox"/> Transdermal <input type="checkbox"/> Intraocular <input type="checkbox"/> Intramuscular <input type="checkbox"/>

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:48:21

	Respiratory (Inhalation)	<input type="checkbox"/>
	Intralesional	<input type="checkbox"/>
	Intraperitoneal	<input type="checkbox"/>
	Nasal	<input type="checkbox"/>
	Vaginal	<input type="checkbox"/>
	Rectal	<input type="checkbox"/>
	Intravenous	<input type="checkbox"/>
	Intravenous Bolus	<input type="checkbox"/>
	Intravenous Drip	<input type="checkbox"/>
	Other	<input type="checkbox"/>
If route of administration is Other, specify _____		
Start date (dd MMM yyyy)		17 AUG 2020
Start date completely unknown		False
Ongoing?	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>
If not Ongoing, End date (dd MMM yyyy)		22 AUG 2020
Was this medication taken for solicited event?	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>
Separate Dosage Number (derived)		1
Interval Dosage Unit Number (derived)		1
Interval Dosage Definition (derived)	802	<input type="checkbox"/>
	803	<input type="checkbox"/>
	804	<input checked="" type="checkbox"/>

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:48:21

Name of Medication	BROMFED DM
Prophylaxis	Yes <input type="radio"/> No <input checked="" type="radio"/>
Indication	COVID +
Dose per administration	10
Dose unit	mg <input type="radio"/> ug <input type="radio"/> mL <input checked="" type="radio"/> g <input type="radio"/> IU <input type="radio"/> tablet <input type="radio"/> capsule <input type="radio"/> puff <input type="radio"/> Other <input type="radio"/>
If dose unit is Other, specify	
Frequency	once daily <input type="radio"/> twice daily <input type="radio"/> three times daily <input type="radio"/> four times daily <input type="radio"/> every other day <input type="radio"/> every week <input type="radio"/> every month <input type="radio"/> as needed <input checked="" type="radio"/> once <input type="radio"/> unknown <input type="radio"/> other <input type="radio"/>
If frequency is Other, specify	
Route of administration	Oral <input checked="" type="radio"/> Topical <input type="radio"/> Subcutaneous <input type="radio"/> Transdermal <input type="radio"/> Intraocular <input type="radio"/> Intramuscular <input type="radio"/>

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:48:21

	Respiratory (Inhalation)	<input type="checkbox"/>
	Intralesional	<input type="checkbox"/>
	Intraperitoneal	<input type="checkbox"/>
	Nasal	<input type="checkbox"/>
	Vaginal	<input type="checkbox"/>
	Rectal	<input type="checkbox"/>
	Intravenous	<input type="checkbox"/>
	Intravenous Bolus	<input type="checkbox"/>
	Intravenous Drip	<input type="checkbox"/>
	Other	<input type="checkbox"/>
If route of administration is Other, specify _____		
Start date (dd MMM yyyy)		17 AUG 2020
Start date completely unknown		False
Ongoing?	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>
If not Ongoing, End date (dd MMM yyyy)		31 AUG 2020
Was this medication taken for solicited event?	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>
Separate Dosage Number (derived) _____		
Interval Dosage Unit Number (derived) _____		
Interval Dosage Definition (derived)	802	<input type="checkbox"/>
	803	<input type="checkbox"/>
	804	<input type="checkbox"/>

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:48:21

Name of Medication	ASPIRIN
Prophylaxis	Yes <input type="radio"/> No <input checked="" type="radio"/>
Indication	COVID +
Dose per administration	325
Dose unit	mg <input checked="" type="radio"/> ug <input type="radio"/> mL <input type="radio"/> g <input type="radio"/> IU <input type="radio"/> tablet <input type="radio"/> capsule <input type="radio"/> puff <input type="radio"/> Other <input type="radio"/>
If dose unit is Other, specify	
Frequency	once daily <input type="radio"/> twice daily <input type="radio"/> three times daily <input type="radio"/> four times daily <input type="radio"/> every other day <input type="radio"/> every week <input type="radio"/> every month <input type="radio"/> as needed <input checked="" type="radio"/> once <input type="radio"/> unknown <input type="radio"/> other <input type="radio"/>
If frequency is Other, specify	
Route of administration	Oral <input checked="" type="radio"/> Topical <input type="radio"/> Subcutaneous <input type="radio"/> Transdermal <input type="radio"/> Intraocular <input type="radio"/> Intramuscular <input type="radio"/>

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:48:21

	Respiratory (Inhalation)	<input type="checkbox"/>
	Intralesional	<input type="checkbox"/>
	Intraperitoneal	<input type="checkbox"/>
	Nasal	<input type="checkbox"/>
	Vaginal	<input type="checkbox"/>
	Rectal	<input type="checkbox"/>
	Intravenous	<input type="checkbox"/>
	Intravenous Bolus	<input type="checkbox"/>
	Intravenous Drip	<input type="checkbox"/>
	Other	<input type="checkbox"/>
<hr/>		
If route of administration is Other, specify <input type="text"/>		
<hr/>		
Start date (<i>dd MMM yyyy</i>)		17 AUG 2020
Start date completely unknown		False
Ongoing?	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>
<hr/>		
If not Ongoing, End date (<i>dd MMM yyyy</i>)		22 AUG 2020
Was this medication taken for solicited event?	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>
<hr/>		
Separate Dosage Number (derived)		<input type="text"/>
Interval Dosage Unit Number (derived)		<input type="text"/>
Interval Dosage Definition (derived)	802	<input type="checkbox"/>
	803	<input type="checkbox"/>
	804	<input type="checkbox"/>

US3252020

Folder: Concomitant Procedures (1)

Form: Concomitant Procedures Summary

Generated On: 26 Nov 2020 10:48:21

Were any concomitant procedures performed?

Yes ☐

No ☒

If yes, please complete Concomitant Procedures form.

US3252020

Folder: End of Study (1)

Form: Dosing Discontinuation

Generated On: 26 Nov 2020 10:48:21

Date of dosing discontinuation (dd MMM yyyy)

4 SEP 2020

Primary reason for dosing discontinuation

AE (specify) ☐

SAE (specify) ☐

Death ☐

Lost To Follow-up ☐

Physician decision (specify) ☐

Pregnancy ☐

Protocol deviation (specify) ☐

Study Terminated By Sponsor ☐

Withdrawal of consent by
participant (specify) ☐

Due to SARS-COV-2 ☒

Other ☐

If reason is AE, SAE, Physician Decision, Withdrawal of consent
by participant, Protocol deviation, or Other, specify _____

US3252020

Folder: End of Study (1)

Form: End of Study / Study Discontinuation

Generated On: 26 Nov 2020 10:48:21

Date of study discontinuation/completion (*dd MMM yyyy*)

Reason for discontinuation

AE (specify) ☐

SAE (specify) ☐

Complete ☐

Death ☐

Lost To Follow-up ☐

Physician decision (specify) ☐

Pregnancy ☐

Protocol deviation (specify) ☐

Study Terminated By Sponsor ☐

Withdrawal of consent by ☐

participant (specify)

Other ☐

If reason is AE, SAE, Physician Decision, Withdrawal of consent by participant, Protocol deviation, or Other, specify

If reason for discontinuation is Death, main cause of death

Adverse event ☐

Unknown ☐

Other ☐

If main cause of death is Other, specify

Date of death (*dd MMM yyyy*)

Was autopsy performed?

Yes ☐

No ☐

Unknown ☐

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

SAEID	USA-US108-2020-MRNA-1273-P301000002
Serious	Yes <input type="radio"/> No <input checked="" type="radio"/>
Death	Yes <input type="radio"/> No <input checked="" type="radio"/>
Life threatening	Yes <input type="radio"/> No <input checked="" type="radio"/>
Requires inpatient or prolongation of existing Hospitalization	Yes <input type="radio"/> No <input checked="" type="radio"/>
Persistent or significant disability or incapacity	Yes <input type="radio"/> No <input checked="" type="radio"/>
Congenital anomaly or birth defect	Yes <input type="radio"/> No <input checked="" type="radio"/>
Other medically important event	Yes <input type="radio"/> No <input checked="" type="radio"/>
Investigator's First Name	JOEL
Investigator's Last Name	SOLIS
Site Address: Street	5201 N. 10TH STREET
Site Address: City	MCALLEN
Site Address: State	TX
Site Address: Postal Code	CARMPA
Investigator Country	US
E2B Transmit Flag (Derived/Hidden)	4

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form (1)

Generated On: 26 Nov 2020 10:48:21

SAEID	USA-US108-2020-MRNA-1273-P301000002
Serious	Yes <input type="radio"/> No <input checked="" type="radio"/>
Death	Yes <input type="radio"/> No <input checked="" type="radio"/>
Life threatening	Yes <input type="radio"/> No <input checked="" type="radio"/>
Requires inpatient or prolongation of existing Hospitalization	Yes <input type="radio"/> No <input checked="" type="radio"/>
Persistent or significant disability or incapacity	Yes <input type="radio"/> No <input checked="" type="radio"/>
Congenital anomaly or birth defect	Yes <input type="radio"/> No <input checked="" type="radio"/>
Other medically important event	Yes <input type="radio"/> No <input checked="" type="radio"/>
Investigator's First Name	JOEL
Investigator's Last Name	SOLIS
Site Address: Street	5201 N. 10TH STREET
Site Address: City	MCALLEN
Site Address: State	TX
Site Address: Postal Code	CARMPA
Investigator Country	US
E2B Transmit Flag (Derived/Hidden)	4
Date of submission (Pre-filled from custom function)	08/OCT/2020 13:01
Check box to submit initial and significant follow-up concerning this SAE. By checking this box I hereby confirm all relevant data has been entered and reviewed to the best of my knowledge.	True

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form (2)

Generated On: 26 Nov 2020 10:48:21

SAEID	USA-US108-2020-MRNA-1273-P301000002
Serious	Yes <input type="radio"/> No <input checked="" type="radio"/>
Death	Yes <input type="radio"/> No <input checked="" type="radio"/>
Life threatening	Yes <input type="radio"/> No <input checked="" type="radio"/>
Requires inpatient or prolongation of existing Hospitalization	Yes <input type="radio"/> No <input checked="" type="radio"/>
Persistent or significant disability or incapacity	Yes <input type="radio"/> No <input checked="" type="radio"/>
Congenital anomaly or birth defect	Yes <input type="radio"/> No <input checked="" type="radio"/>
Other medically important event	Yes <input type="radio"/> No <input checked="" type="radio"/>
Investigator's First Name	JOEL
Investigator's Last Name	SOLIS
Site Address: Street	5201 N. 10TH STREET
Site Address: City	MCALLEN
Site Address: State	TX
Site Address: Postal Code	CARMPA
Investigator Country	US
E2B Transmit Flag (Derived/Hidden)	4
Date of submission (Pre-filled from custom function)	15/OCT/2020 09:36
Check box to submit initial and significant follow-up concerning this SAE. By checking this box I hereby confirm all relevant data has been entered and reviewed to the best of my knowledge.	True

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form (3)

Generated On: 26 Nov 2020 10:48:21

SAEID	USA-US108-2020-MRNA-1273-P301000002
Serious	Yes <input type="radio"/> No <input checked="" type="radio"/>
Death	Yes <input type="radio"/> No <input checked="" type="radio"/>
Life threatening	Yes <input type="radio"/> No <input checked="" type="radio"/>
Requires inpatient or prolongation of existing Hospitalization	Yes <input type="radio"/> No <input checked="" type="radio"/>
Persistent or significant disability or incapacity	Yes <input type="radio"/> No <input checked="" type="radio"/>
Congenital anomaly or birth defect	Yes <input type="radio"/> No <input checked="" type="radio"/>
Other medically important event	Yes <input type="radio"/> No <input checked="" type="radio"/>
Investigator's First Name	JOEL
Investigator's Last Name	SOLIS
Site Address: Street	5201 N. 10TH STREET
Site Address: City	MCALLEN
Site Address: State	TX
Site Address: Postal Code	CARMPA
Investigator Country	US
E2B Transmit Flag (Derived/Hidden)	4
Date of submission (Pre-filled from custom function)	22/OCT/2020 20:37
Check box to submit initial and significant follow-up concerning this SAE. By checking this box I hereby confirm all relevant data has been entered and reviewed to the best of my knowledge.	True

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form (4)

Generated On: 26 Nov 2020 10:48:21

SAEID	USA-US108-2020-MRNA-1273-P301000002
Serious	Yes <input type="radio"/> No <input checked="" type="radio"/>
Death	Yes <input type="radio"/> No <input checked="" type="radio"/>
Life threatening	Yes <input type="radio"/> No <input checked="" type="radio"/>
Requires inpatient or prolongation of existing Hospitalization	Yes <input type="radio"/> No <input checked="" type="radio"/>
Persistent or significant disability or incapacity	Yes <input type="radio"/> No <input checked="" type="radio"/>
Congenital anomaly or birth defect	Yes <input type="radio"/> No <input checked="" type="radio"/>
Other medically important event	Yes <input type="radio"/> No <input checked="" type="radio"/>
Investigator's First Name	JOEL
Investigator's Last Name	SOLIS
Site Address: Street	5201 N. 10TH STREET
Site Address: City	MCALLEN
Site Address: State	TX
Site Address: Postal Code	CARMPA
Investigator Country	US
E2B Transmit Flag (Derived/Hidden)	4
Date of submission (Pre-filled from custom function)	22/NOV/2020 08:17
Check box to submit initial and significant follow-up concerning this SAE. By checking this box I hereby confirm all relevant data has been entered and reviewed to the best of my knowledge.	<input checked="" type="checkbox"/> True

Audit

US3252020 (Prod: Centex Studies Inc)

US3252020

Form: Participant Creation

Generated On: 26 Nov 2020 10:48:21

[Participant ID](#)

Audit	User	Time (GMT)
User entered 'US3252020'	RWS_ENDPOINT ENDPOINT (b) (4) <div></div>	04 Aug 2020 13:24:58

US3252020

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 10:48:21

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:14:36

US3252020

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '04 AUG 2020'	RWS_ENDPOINT ENDPOINT (b) (4) [REDACTED]	04 Aug 2020 13:24:59

US3252020

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:14:36

US3252020

Folder: Screening

Form: Visit Date

Generated On: 26 Nov 2020 10:48:21

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'SCRN'	System	05 Aug 2020 07:14:36

US3252020

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:48:21

Date of Birth (MMM yyyy)

Audit	User	Time (GMT)
User entered (b) (6) 1996'	RWS_ENDPOINT ENDPOINT (b) (4) [REDACTED]	04 Aug 2020 13:25:00

US3252020

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:48:21

[Age](#)

Audit	User	Time (GMT)
User entered '24'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:15:04

US3252020

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:48:21

[Age Units](#)

Audit	User	Time (GMT)
User entered 'YEARS'	System	05 Aug 2020 07:15:04

US3252020

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:48:21

[Age \(Derived\)](#)

Audit	User	Time (GMT)
User entered '24'	System	04 Aug 2020 15:13:00

US3252020

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:48:21

[Sex](#)

Audit	User	Time (GMT)
User entered 'Male (M)'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:15:04

US3252020

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:48:21

[Ethnicity](#)

Audit	User	Time (GMT)
User entered 'Not Reported (NOT REPORTED)'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:15:04

US3252020

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:48:21

White

Audit	User	Time (GMT)
User entered '0'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:15:04

US3252020

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:48:21

[Black](#)

Audit	User	Time (GMT)
User entered '0'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:15:04

US3252020

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:48:21

[Asian](#)

Audit	User	Time (GMT)
User entered '0'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:15:04

US3252020

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:48:21

[American Indian or Alaska Native](#)

Audit	User	Time (GMT)
User entered '0'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:15:04

US3252020

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:48:21

[Native Hawaiian or other Pacific Islander](#)

Audit	User	Time (GMT)
User entered '0'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:15:04

US3252020

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:48:21

[Other](#)

Audit	User	Time (GMT)
User entered '0'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:15:04

US3252020

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:48:21

If race is Other, specify

Audit	User	Time (GMT)
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:15:04

US3252020

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:48:21

[Unknown](#)

Audit	User	Time (GMT)
User entered '0'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:15:04

US3252020

Folder: Screening

Form: Demographics

Generated On: 26 Nov 2020 10:48:21

[Not reported](#)

Audit	User	Time (GMT)
User entered 'I'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:15:04

US3252020

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:48:21

Date of Informed Consent (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '4 Aug 2020'	Joanna Gurrola (b) (4) (b) (4)	04 Aug 2020 15:13:00

US3252020

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'Aug 2020'	System	04 Aug 2020 15:13:00

US3252020

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '2020'	System	04 Aug 2020 15:13:00

US3252020

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:48:21

[Protocol Version](#)

Audit	User	Time (GMT)
User closed query 'Data is required. Please complete.' (Site from System).	System	05 Aug 2020 07:15:19
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	05 Aug 2020 07:15:19
User entered 'Amendment 1 (1)' reason for change: Data Entry Error	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:15:19
User opened query 'Data is required. Please complete.' (Site from System).	System	04 Aug 2020 15:13:00
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	04 Aug 2020 15:13:00

US3252020

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Joanna Gurrola (b) (4) (b) (4)	04 Aug 2020 15:13:00

US3252020

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:48:21

If No, indicate reason for screen fail

Audit	User	Time (GMT)
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	04 Aug 2020 15:13:00

US3252020

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:48:21

If reason for screen fail is Other, specify

Audit	User	Time (GMT)
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	04 Aug 2020 15:13:00

US3252020

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:48:21

[Was this participant screened previously?](#)

Audit	User	Time (GMT)
User closed query 'Data is required. Please complete.' (Site from System).	System	05 Aug 2020 07:15:19
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	05 Aug 2020 07:15:19
User entered 'No (N)' reason for change: Data Entry Error	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:15:19
User opened query 'Data is required. Please complete.' (Site from System).	System	04 Aug 2020 15:13:00
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	04 Aug 2020 15:13:00

US3252020

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:48:21

[If Yes, previous participant number](#)

Audit	User	Time (GMT)
User entered empty.	RWS_ENDPOINT ENDPOINT (b) (4) <div></div>	04 Aug 2020 13:24:59

US3252020

Folder: Screening

Form: Enrollment

Generated On: 26 Nov 2020 10:48:21

[Enrollment Trigger](#)

Audit	User	Time (GMT)
User entered 'I'	System	04 Aug 2020 15:13:06

US3252020

Folder: Screening

Form: Inclusion/Exclusion Criteria Summary

Generated On: 26 Nov 2020 10:48:21

Did the participant meet all eligibility criteria?

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Joanna Gurrola (b) (4) (b) (4)	04 Aug 2020 15:13:06

US3252020

Folder: Screening

Form: Medical History Summary

Generated On: 26 Nov 2020 10:48:21

[Were any significant conditions reported?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:15:37

US3252020

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:48:21

[Condition](#)

Audit	User	Time (GMT)
User coded data point as SOC: Psychiatric disorders, HLGT: Depressed mood disorders and disturbances, HLT: Depressive disorders, PT: Depression, LLT: Depression - version MedDRA\\23.0.	Coder Import (b) (4)	05 Aug 2020 07:17:08
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4)	05 Aug 2020 07:17:08
Data point term sent to Coder	System	05 Aug 2020 07:16:20
User entered 'Depression'	Joanna Gurrola (b) (4)	05 Aug 2020 07:15:57
	(b) (4)	

US3252020

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'un UNK 2008'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:15:57

US3252020

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:48:21

[Start date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:15:57

US3252020

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:48:21

[Condition ongoing at study entry](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:15:57

US3252020

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:15:57

US3252020

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:48:21

[Stop date completely unknown](#)

Audit	User	Time (GMT)
User entered '0'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:15:57

US3252020

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'Jan 2008'	System	05 Aug 2020 07:15:57

US3252020

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '2008'	System	05 Aug 2020 07:15:57

US3252020

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered empty.	System	05 Aug 2020 07:15:57

US3252020

Folder: Screening

Form: Medical History (1)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered empty.	System	05 Aug 2020 07:15:57

US3252020

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:17:16

US3252020

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '4 Aug 2020'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:17:16

US3252020

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '08:30'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:17:16

US3252020

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '4 Aug 2020 08:30'	System	05 Aug 2020 07:17:16

US3252020

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '70.5' in	Joanna Gurrola (b) (4)	05 Aug 2020 07:17:16
DataPoint set to visible.	(b) (4) System	04 Aug 2020 15:13:06

US3252020

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '190.2' lb	Joanna Gurrola (b) (4)	05 Aug 2020 07:17:16
DataPoint set to visible.	(b) (4) System	04 Aug 2020 15:13:06

US3252020

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

BMI (xxx.x)

Audit	User	Time (GMT)
Amendment Manager: User entered '26.96138'	System	16 Sep 2020 23:42:07
User entered '27.0'	System	05 Aug 2020 07:17:16
DataPoint set to visible.	System	04 Aug 2020 15:13:06

US3252020

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

[BMI units](#)

Audit	User	Time (GMT)
User entered 'kg/m2'	System	05 Aug 2020 07:17:16
DataPoint set to visible.	System	04 Aug 2020 15:13:06

US3252020

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	Joanna Gurrola (b) (4)	23 Aug 2020 06:19:19
User entered missing code ND - Not Done; reason for change Data Entry Error	(b) (4)	19 Aug 2020 02:49:40
User entered '97.9' F	Joanna Gurrola (b) (4)	05 Aug 2020 07:17:16

US3252020

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

[Route of measurement](#)

Audit	User	Time (GMT)
User closed query 'Data is required. Please provide.' (Site from System).	(b) (4), (b) (6)	21 Aug 2020 02:12:48
Query 'Data is required. Please provide.' answered with 'ND' (Site from System).	Shannon Moyer (b) (4)	19 Aug 2020 02:49:49
User opened query 'Data is required. Please provide.' (Site from System).	(b) (4)	19 Aug 2020 02:49:40
User entered empty; reason for change Data Entry Error	System	19 Aug 2020 02:49:40
User entered 'Oral (Oral)'	Shannon Moyer (b) (4)	19 Aug 2020 02:49:40
	(b) (4)	
	Joanna Gurrola (b) (4)	05 Aug 2020 07:17:16
	(b) (4)	

US3252020

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:17:16

US3252020

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	Shannon Moyer (b) (4)	19 Aug 2020 02:49:40
User entered '62'	Joanna Gurrola (b) (4)	05 Aug 2020 07:17:16

US3252020

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	05 Aug 2020 07:17:16

US3252020

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	Shannon Moyer (b) (4)	19 Aug 2020 02:49:40
User entered '16'	Joanna Gurrola (b) (4)	05 Aug 2020 07:17:16

US3252020

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	05 Aug 2020 07:17:16

US3252020

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	Shannon Moyer (b) (4)	19 Aug 2020 02:49:40
User entered '129'	(b) (4)	
	Joanna Gurrola (b) (4)	05 Aug 2020 07:17:16
	(b) (4)	

US3252020

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	05 Aug 2020 07:17:16

US3252020

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	Shannon Moyer (b) (4)	19 Aug 2020 02:49:40
User entered '78'	Joanna Gurrola (b) (4)	05 Aug 2020 07:17:16

US3252020

Folder: Screening

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	05 Aug 2020 07:17:16

US3252020

Folder: Screening

Form: Physical Examination

Generated On: 26 Nov 2020 10:48:21

Was the physical examination performed?

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:17:33

US3252020

Folder: Screening

Form: Physical Examination

Generated On: 26 Nov 2020 10:48:21

Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
Query 'The Physical Examination Date is prior to the Screening Visit Date. Please review and reconcile.' canceled (Site from System).	(b) (4), (b) (6)	07 Sep 2020 12:19:50
User opened query 'The Physical Examination Date is prior to the Screening Visit Date. Please review and reconcile.' (Site from System).		05 Sep 2020 16:30:34
User entered '4 Aug 2020'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:17:33

US3252020

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:18:28

US3252020

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:18:28

US3252020

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:18:28

US3252020

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:18:28

US3252020

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:18:28

US3252020

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:18:28

US3252020

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:18:28

US3252020

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:18:28

US3252020

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:18:28

US3252020

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:18:28

US3252020

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:48:21

Educators and Students (e.g., teachers, administrators, support staff, and students interacting in face-to-face school setting)

Audit	User	Time (GMT)
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:18:28

US3252020

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:48:21

[Other](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:18:28

US3252020

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:48:21

[Specify](#)

Audit	User	Time (GMT)
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:18:28

US3252020

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:48:21

No Risk Identified

Audit	User	Time (GMT)
User entered '0'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:18:28

US3252020

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '0'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:18:28

US3252020

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '0'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:18:28

US3252020

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '0'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:18:28

US3252020

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '0'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:18:28

US3252020

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '0'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:18:28

US3252020

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:48:21

[Other](#)

Audit	User	Time (GMT)
User entered 'I'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:18:28

US3252020

Folder: Screening

Form: Risk of Exposure

Generated On: 26 Nov 2020 10:48:21

[Specify](#)

Audit	User	Time (GMT)
User entered 'Resident in a community with ongoing person to person transmission'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:18:28

US3252020

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 10:48:21

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:18:54

US3252020

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 10:48:21

Visit date (dd MMM yyyy)

Audit	User	Time (GMT)
User entered '4 Aug 2020'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:18:54

US3252020

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:18:54

US3252020

Folder: Visit 1 Day 1

Form: Visit Date

Generated On: 26 Nov 2020 10:48:21

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'VISIT1'	System	05 Aug 2020 07:18:54

US3252020

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '04 AUG 2020'	RWS_ENDPOINT ENDPOINT (b) (4) <div></div>	04 Aug 2020 14:14:42

US3252020

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:48:21

What was the participant's randomization number?

Audit	User	Time (GMT)
Amendment Manager: User closed query 'Data entered is non-conformant. Please correct.' (Site from System).	System	21 Aug 2020 01:53:58
Amendment Manager: Data point set to conformant.	System	21 Aug 2020 01:53:58
User opened query 'Data entered is non-conformant. Please correct.' (Site from System).	System	04 Aug 2020 14:14:42
User entered '142802' (non-conformant).	RWS_ENDPOINT ENDPOINT (b) (4) [REDACTED]	04 Aug 2020 14:14:42

US3252020

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:48:21

[In what Cohort was the participant enrolled?](#)

Audit	User	Time (GMT)
User closed query 'Cohort = at risk; however, there are no risk items recorded as Yes. Please review and reconcile.' (Site from System).	(b) (4), (b) (6)	28 Oct 2020 20:26:05
Query 'Cohort = at risk; however, there are no risk items recorded as Yes. Please review and reconcile.' answered with 'participant was stratified incorrectly, unable to correct' (Site from System).	Xavier Morales (b) (4)	09 Oct 2020 13:12:54
Amendment Manager: User opened query 'Cohort = at risk; however, there are no risk items recorded as Yes. Please review and reconcile.' (Site from System).	System	30 Sep 2020 21:11:09
Amendment Manager: Query closed during migrationSystem process because the edit check no longer exists in target version.	System	30 Sep 2020 21:11:09
User opened query 'Cohort = at risk; however, there are no risk items recorded as Yes. Please review and reconcile.' (Site from System).	System	05 Aug 2020 07:20:05
User entered '>=18 and <65 years and at risk (2)'	RWS_ENDPOINT ENDPOINT (b) (4)	04 Aug 2020 14:14:42

US3252020

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:20:05

US3252020

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:20:05

US3252020

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:20:05

US3252020

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:48:21

Diabetes (Type I, Type 2, or gestational)

Audit	User	Time (GMT)
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:20:05

US3252020

Folder: Visit 1 Day 1

Form: Randomization

Generated On: 26 Nov 2020 10:48:21

[Liver Disease](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:20:05

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:48:21

[Height](#)

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	Shannon Moyer (b) (4)	21 Aug 2020 21:26:12
User entered empty.	Shannon Moyer (b) (4)	19 Aug 2020 02:51:34

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:48:21

Weight

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	Shannon Moyer (b) (4)	21 Aug 2020 21:26:12
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	19 Aug 2020 02:51:34
	(b) (4)	

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:48:21

[Height](#)

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	Shannon Moyer (b) (4)	21 Aug 2020 21:26:12
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	19 Aug 2020 02:51:34
	(b) (4)	

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:48:21

Weight

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	Shannon Moyer (b) (4)	21 Aug 2020 21:26:12
User entered empty.	Shannon Moyer (b) (4)	19 Aug 2020 02:51:34

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:48:21

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Pre-Dose (PREDOSE)'	Shannon Moyer (b) (4) (b) (4)	19 Aug 2020 02:51:34

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:48:21

Were vital signs assessed?

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	19 Aug 2020 02:51:34

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:48:21

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '04 Aug 2020'	Shannon Moyer (b) (4) (b) (4)	19 Aug 2020 02:51:34

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '08:30'	Shannon Moyer (b) (4) (b) (4)	19 Aug 2020 02:51:34

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '04 Aug 2020 08:30'	System	19 Aug 2020 02:51:34

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:48:21

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '97.9' F	Shannon Moyer (b) (4) (b) (4)	19 Aug 2020 02:51:34

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:48:21

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	Shannon Moyer (b) (4) (b) (4)	19 Aug 2020 02:51:34

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:48:21

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	19 Aug 2020 02:51:34

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:48:21

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '62'	Shannon Moyer (b) (4) (b) (4)	19 Aug 2020 02:51:34

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:48:21

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	19 Aug 2020 02:51:34

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '16'	Shannon Moyer (b) (4) (b) (4)	19 Aug 2020 02:51:34

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:48:21

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	19 Aug 2020 02:51:34

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:48:21

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '129'	Shannon Moyer (b) (4) (b) (4)	19 Aug 2020 02:51:34

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:48:21

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	19 Aug 2020 02:51:34

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:48:21

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '78'	Shannon Moyer (b) (4) (b) (4)	19 Aug 2020 02:51:34

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:48:21

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	19 Aug 2020 02:51:34

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:48:21

[Height](#)

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	Shannon Moyer (b) (4)	21 Aug 2020 21:26:12
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	19 Aug 2020 02:51:34
	(b) (4)	

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing

Generated On: 26 Nov 2020 10:48:21

Weight

Audit	User	Time (GMT)
User entered missing code ND - Not Done; reason for change Data Entry Error	Shannon Moyer (b) (4)	21 Aug 2020 21:26:12
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	19 Aug 2020 02:51:34
	(b) (4)	

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:48:21

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Post-Dose (POSTDOSE)'	Shannon Moyer (b) (4) (b) (4)	19 Aug 2020 02:51:34

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:48:21

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	19 Aug 2020 02:51:34

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:48:21

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '04 Aug 2020'	Shannon Moyer (b) (4) (b) (4)	19 Aug 2020 02:51:34

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User closed query 'Post-dose vital signs time is prior to or less than 60 minutes after the Dose Time. Please review and reconcile.' (Site from System).	(b) (4), (b) (6)	20 Aug 2020 12:34:40
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 Source, correct as is' (Site from System).	Shannon Moyer (b) (4)	19 Aug 2020 02:51:51
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).		19 Aug 2020 02:51:34
User entered '10:30'	Shannon Moyer (b) (4)	19 Aug 2020 02:51:34

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '04 Aug 2020 10:30'	System	19 Aug 2020 02:51:34

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:48:21

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '99.1' F	Shannon Moyer (b) (4) (b) (4)	19 Aug 2020 02:51:34

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:48:21

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	Shannon Moyer (b) (4) (b) (4)	19 Aug 2020 02:51:34

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:48:21

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	19 Aug 2020 02:51:34

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:48:21

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '59'	Shannon Moyer (b) (4) (b) (4)	19 Aug 2020 02:51:34

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:48:21

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	19 Aug 2020 02:51:34

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '16'	Shannon Moyer (b) (4) (b) (4)	19 Aug 2020 02:51:34

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:48:21

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	19 Aug 2020 02:51:34

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:48:21

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '123'	Shannon Moyer (b) (4) (b) (4)	19 Aug 2020 02:51:34

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:48:21

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	19 Aug 2020 02:51:34

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:48:21

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '79'	Shannon Moyer (b) (4) (b) (4)	19 Aug 2020 02:51:34

US3252020

Folder: Visit 1 Day 1

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:48:21

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	19 Aug 2020 02:51:34

US3252020

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 10:48:21

[Was the physical examination performed?](#)

Audit	User	Time (GMT)
User entered 'No (N)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	23 Aug 2020 06:20:43
User entered 'Yes (Y)'	Joanna Gurrola (b) (4)	05 Aug 2020 07:20:18

US3252020

Folder: Visit 1 Day 1

Form: Physical Examination

Generated On: 26 Nov 2020 10:48:21

Date of examination (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Joanna Gurrola (b) (4) (b) (4)	23 Aug 2020 06:20:43
User entered '4 Aug 2020'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:20:18

US3252020

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:48:21

[Was study treatment given?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Joanna Gurrola (b) (4) (b) (4)	04 Aug 2020 15:13:28

US3252020

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:48:21

If No, reason not given

Audit	User	Time (GMT)
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	04 Aug 2020 15:13:28

US3252020

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	04 Aug 2020 15:13:28

US3252020

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:48:21

[What was the study treatment?](#)

Audit	User	Time (GMT)
User entered 'MRNA-1273 OR PLACEBO'	System	04 Aug 2020 15:13:28

US3252020

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:48:21

What was the treatment date? (dd MMM yyyy)

Audit	User	Time (GMT)
User closed query ' Per CDM: Per CCGs Date should be entered in (DD-MMM-YYYY) format, Please review and update or comment accordingly. ' (Site from DM).	(b) (4), (b) (6)	07 Nov 2020 20:46:32
Query ' Per CDM: Per CCGs Date should be entered in (DD-MMM-YYYY) format, Please review and update or comment accordingly. ' answered with 'Date format updated.' (Site from DM).	Joanna Gurrola (b) (4)	06 Nov 2020 21:55:48
User entered '04 Aug 2020' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	06 Nov 2020 21:55:22
User opened query ' Per CDM: Per CCGs Date should be entered in (DD-MMM-YYYY) format, Please review and update or comment accordingly. ' (Site from DM).	(b) (4), (b) (6)	06 Nov 2020 21:11:56
User entered '4 Aug 2020'	Joanna Gurrola (b) (4)	04 Aug 2020 15:13:28

US3252020

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '09:35'	Joanna Gurrola (b) (4) (b) (4)	04 Aug 2020 15:13:28

US3252020

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '04 Aug 2020 09:35'	System	06 Nov 2020 21:55:22
User entered '4 Aug 2020 09:35'	System	04 Aug 2020 15:13:28

US3252020

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:48:21

Which arm was used to give treatment?

Audit	User	Time (GMT)
User entered 'Left Arm (LEFT ARM)'	Joanna Gurrola (b) (4) (b) (4)	04 Aug 2020 15:13:28

US3252020

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'ONCE'	System	04 Aug 2020 15:13:28

US3252020

Folder: Visit 1 Day 1

Form: Exposure

Generated On: 26 Nov 2020 10:48:21

What was the route of administration for the study treatment?

Audit	User	Time (GMT)
User entered 'INTRAMUSCULAR'	System	04 Aug 2020 15:13:28

US3252020

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:48:21

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:21:13

US3252020

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:48:21

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '4 Aug 2020'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:21:13

US3252020

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:48:21

Collection time (00:00-23:59)

Audit	User	Time (GMT)
User entered '09:23' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	06 Aug 2020 02:55:11
User entered '09:17'	Joanna Gurrola (b) (4)	05 Aug 2020 07:21:13

US3252020

Folder: Visit 1 Day 1

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '4 Aug 2020 09:23'	System	06 Aug 2020 02:55:11
User entered '4 Aug 2020 09:17'	System	05 Aug 2020 07:21:13

US3252020

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 10:48:21

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '4 Aug 2020'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:22:35

US3252020

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:48:21

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 1 (NASAL1)'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:22:35

US3252020

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:48:21

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:22:35

US3252020

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:48:21

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
User entered '09:17'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:22:35

US3252020

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '4 Aug 2020 09:17'	System	05 Aug 2020 07:22:35

US3252020

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:48:21

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 2 (NASAL2)'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:22:35

US3252020

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:48:21

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:22:35

US3252020

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:48:21

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:22:35

US3252020

Folder: Visit 1 Day 1

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered empty.	System	05 Aug 2020 07:22:35

US3252020

Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:22:44

US3252020

Folder: Visit 1 Day 1

Form: Continuing

Generated On: 26 Nov 2020 10:48:21

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	05 Aug 2020 07:22:44

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:48:21

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '04 Aug 2020 09:55'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/1)

Generated On: 26 Nov 2020 10:48:21

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '04 Aug 2020 12:25'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered 'Day 1, after vaccination (at home)'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:48:21

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-05T02:25:18', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'b9b2ac22-3c78-47f2-8aa3-defdf005c36f'	System	05 Aug 2020 07:27:16
User entered 'Yes (Y)'	System	05 Aug 2020 07:27:16

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:48:21

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-05T02:25:25', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'b9b2ac22-3c78-47f2-8aa3-defdf005c36f'	System	05 Aug 2020 07:27:16
User entered '95.0'	System	05 Aug 2020 07:27:16

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-05T02:27:08', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'b9b2ac22-3c78-47f2-8aa3-defdf005c36f'	System	05 Aug 2020 07:27:16
User entered 'No (N)'	System	05 Aug 2020 07:27:16

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:48:21

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-05T02:27:12', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'b9b2ac22-3c78-47f2-8aa3-defdf005c36f'	System	05 Aug 2020 07:27:16
User entered '05 Aug 2020 02:27'	System	05 Aug 2020 07:27:16

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:48:21

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '04 Aug 2020 13:20'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(1/2)

Generated On: 26 Nov 2020 10:48:21

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '05 Aug 2020 11:59'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered 'Day 2'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:48:21

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-06T02:51:42', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'dec5f35d-16e9-4b00-af3e-9c8d565e954a'	System	06 Aug 2020 07:52:32
User entered 'Yes (Y)'	System	06 Aug 2020 07:52:32

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:48:21

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-06T02:52:20', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'dec5f35d-16e9-4b00-af3e-9c8d565e954a'	System	06 Aug 2020 07:52:32
User entered '97.8'	System	06 Aug 2020 07:52:32

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-06T02:52:27', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'dec5f35d-16e9-4b00-af3e-9c8d565e954a'	System	06 Aug 2020 07:52:32
User entered 'No (N)'	System	06 Aug 2020 07:52:32

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:48:21

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-06T02:52:30', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'dec5f35d-16e9-4b00-af3e-9c8d565e954a'	System	06 Aug 2020 07:52:32
User entered '06 Aug 2020 02:52'	System	06 Aug 2020 07:52:32

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:48:21

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '05 Aug 2020 12:00'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(2)

Generated On: 26 Nov 2020 10:48:21

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '06 Aug 2020 11:59'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered 'Day 3'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:48:21

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-06T22:12:03', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '723790db-ed80-413b-ac1e-e04ec24c7b36'	System	07 Aug 2020 03:12:18
User entered 'Yes (Y)'	System	07 Aug 2020 03:12:18

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:48:21

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-06T22:12:08', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '723790db-ed80-413b-ac1e-e04ec24c7b36'	System	07 Aug 2020 03:12:18
User entered '97.6'	System	07 Aug 2020 03:12:18

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-06T22:12:11', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '723790db-ed80-413b-ac1e-e04ec24c7b36'	System	07 Aug 2020 03:12:18
User entered 'No (N)'	System	07 Aug 2020 03:12:18

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:48:21

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-06T22:12:13', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '723790db-ed80-413b-ac1e-e04ec24c7b36'	System	07 Aug 2020 03:12:18
User entered '06 Aug 2020 22:12'	System	07 Aug 2020 03:12:18

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:48:21

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '06 Aug 2020 12:00'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(3)

Generated On: 26 Nov 2020 10:48:21

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '07 Aug 2020 11:59'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered 'Day 4'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:48:21

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-07T18:12:25', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '5a84d21b-7d56-44f0-a579-51a346df19d7'	System	07 Aug 2020 23:12:40
User entered 'Yes (Y)'	System	07 Aug 2020 23:12:40

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:48:21

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-07T18:12:32', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '5a84d21b-7d56-44f0-a579-51a346df19d7'	System	07 Aug 2020 23:12:40
User entered '98.3'	System	07 Aug 2020 23:12:40

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-07T18:12:35', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '5a84d21b-7d56-44f0-a579-51a346df19d7'	System	07 Aug 2020 23:12:40
User entered 'No (N)'	System	07 Aug 2020 23:12:40

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:48:21

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-07T18:12:37', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '5a84d21b-7d56-44f0-a579-51a346df19d7'	System	07 Aug 2020 23:12:40
User entered '07 Aug 2020 18:12'	System	07 Aug 2020 23:12:40

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:48:21

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '07 Aug 2020 12:00'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(4)

Generated On: 26 Nov 2020 10:48:21

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '08 Aug 2020 11:59'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered 'Day 5'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:48:21

Was TEMPERATURE taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-09T10:01:02', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '3de89fd2-be2f-4b3d-b498-60a84d10c645'	System	09 Aug 2020 15:01:20
User entered 'Yes (Y)'	System	09 Aug 2020 15:01:20

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:48:21

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-09T10:01:07', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '3de89fd2-be2f-4b3d-b498-60a84d10c645'	System	09 Aug 2020 15:01:20
User entered '97.3'	System	09 Aug 2020 15:01:20

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-09T10:01:09', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '3de89fd2-be2f-4b3d-b498-60a84d10c645'	System	09 Aug 2020 15:01:20
User entered 'No (N)'	System	09 Aug 2020 15:01:20

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:48:21

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-09T10:01:14', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '3de89fd2-be2f-4b3d-b498-60a84d10c645'	System	09 Aug 2020 15:01:20
User entered '09 Aug 2020 10:01'	System	09 Aug 2020 15:01:20

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:48:21

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '08 Aug 2020 12:00'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(5)

Generated On: 26 Nov 2020 10:48:21

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '09 Aug 2020 11:59'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered 'Day 6'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:48:21

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-09T15:37:24', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'e7594b37-e80a-4dd0-8d34-f045470f3377'	System	09 Aug 2020 20:37:37
User entered 'Yes (Y)'	System	09 Aug 2020 20:37:37

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:48:21

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-09T15:37:28', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'e7594b37-e80a-4dd0-8d34-f045470f3377'	System	09 Aug 2020 20:37:37
User entered '98.5'	System	09 Aug 2020 20:37:37

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-09T15:37:32', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'e7594b37-e80a-4dd0-8d34-f045470f3377'	System	09 Aug 2020 20:37:37
User entered 'No (N)'	System	09 Aug 2020 20:37:37

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:48:21

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-09T15:37:35', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'e7594b37-e80a-4dd0-8d34-f045470f3377'	System	09 Aug 2020 20:37:37
User entered '09 Aug 2020 15:37'	System	09 Aug 2020 20:37:37

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:48:21

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '09 Aug 2020 12:00'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(6)

Generated On: 26 Nov 2020 10:48:21

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '10 Aug 2020 11:59'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered 'Day 7'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:48:21

Was **TEMPERATURE** taken?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-11T01:48:59', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '3b6db14c-20df-4da5-b409-5de509da9f0c'	System	11 Aug 2020 06:49:11
User entered 'Yes (Y)'	System	11 Aug 2020 06:49:11

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:48:21

Please record your **TEMPERATURE** in °F

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-11T01:49:03', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '3b6db14c-20df-4da5-b409-5de509da9f0c'	System	11 Aug 2020 06:49:11
User entered '97.9'	System	11 Aug 2020 06:49:11

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-11T01:49:05', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '3b6db14c-20df-4da5-b409-5de509da9f0c'	System	11 Aug 2020 06:49:11
User entered 'No (N)'	System	11 Aug 2020 06:49:11

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:48:21

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-11T01:49:07', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '3b6db14c-20df-4da5-b409-5de509da9f0c'	System	11 Aug 2020 06:49:11
User entered '11 Aug 2020 01:49'	System	11 Aug 2020 06:49:11

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:48:21

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '10 Aug 2020 12:00'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Temperature_Day(7)

Generated On: 26 Nov 2020 10:48:21

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '11 Aug 2020 11:59'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:48:21

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-04T11:13:37', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '1d4bebfcc-5e99-4f09-830c-27025aba992b'	System	04 Aug 2020 16:14:17
User entered 'None (1)'	System	04 Aug 2020 16:14:17

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:48:21

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-04T11:14:02', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '1d4bebf8c-5e99-4f09-830c-27025aba992b'	System	04 Aug 2020 16:14:17
User entered 'No (N)'	System	04 Aug 2020 16:14:17

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-04T11:14:06', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '1d4bebf8c-5e99-4f09-830c-27025aba992b'	System	04 Aug 2020 16:14:17
User entered 'No (N)'	System	04 Aug 2020 16:14:17

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:48:21

[Please record](#) - **UNDERARM GLAND SWELLING OR TENDERNESS.**

[Please select one response below](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-04T11:14:12', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '1d4bebf8c-5e99-4f09-830c-27025aba992b'	System	04 Aug 2020 16:14:17
User entered 'None (1)'	System	04 Aug 2020 16:14:17

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:48:21

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-04T11:14:16', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '1d4bebfcc-5e99-4f09-830c-27025aba992b'	System	04 Aug 2020 16:14:17
User entered '04 Aug 2020 11:14'	System	04 Aug 2020 16:14:17

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:48:21

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '04 Aug 2020 09:55'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/1)

Generated On: 26 Nov 2020 10:48:21

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '04 Aug 2020 12:25'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered 'Day 1, after vaccination (at home)'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:48:21

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-05T02:24:53', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'faa5aa76-7ad9-41b7-98cb-6718a24e2f41'	System	05 Aug 2020 07:25:15
User entered 'None (1)'	System	05 Aug 2020 07:25:15

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:48:21

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-05T02:25:02', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'faa5aa76-7ad9-41b7-98cb-6718a24e2f41'	System	05 Aug 2020 07:25:15
User entered 'No (N)'	System	05 Aug 2020 07:25:15

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-05T02:25:04', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'faa5aa76-7ad9-41b7-98cb-6718a24e2f41'	System	05 Aug 2020 07:25:15
User entered 'No (N)'	System	05 Aug 2020 07:25:15

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:48:21

Please record - **UNDERARM GLAND SWELLING OR TENDERNESS.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-05T02:25:07', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'faa5aa76-7ad9-41b7-98cb-6718a24e2f41'	System	05 Aug 2020 07:25:15
User entered 'None (1)'	System	05 Aug 2020 07:25:15

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:48:21

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-05T02:25:10', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'faa5aa76-7ad9-41b7-98cb-6718a24e2f41'	System	05 Aug 2020 07:25:15
User entered '05 Aug 2020 02:25'	System	05 Aug 2020 07:25:15

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:48:21

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '04 Aug 2020 13:20'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(1/2)

Generated On: 26 Nov 2020 10:48:21

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '05 Aug 2020 11:59'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered 'Day 2'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:48:21

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-05T12:15:09', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '55950b38-bd8e-4588-9ff2-2dece9a207f9'	System	05 Aug 2020 17:15:27
User entered 'None (1)'	System	05 Aug 2020 17:15:27

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:48:21

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-05T12:15:12', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '55950b38-bd8e-4588-9ff2-2dece9a207f9'	System	05 Aug 2020 17:15:27
User entered 'No (N)'	System	05 Aug 2020 17:15:27

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-05T12:15:15', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '55950b38-bd8e-4588-9ff2-2dece9a207f9'	System	05 Aug 2020 17:15:27
User entered 'No (N)'	System	05 Aug 2020 17:15:27

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:48:21

[Please record](#) - **UNDERARM GLAND SWELLING OR TENDERNESS.**

[Please select one response below](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-05T12:15:21', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '55950b38-bd8e-4588-9ff2-2dece9a207f9'	System	05 Aug 2020 17:15:27
User entered 'None (1)'	System	05 Aug 2020 17:15:27

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:48:21

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-05T12:15:23', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '55950b38-bd8e-4588-9ff2-2dece9a207f9'	System	05 Aug 2020 17:15:27
User entered '05 Aug 2020 12:15'	System	05 Aug 2020 17:15:27

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:48:21

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '05 Aug 2020 12:00'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(2)

Generated On: 26 Nov 2020 10:48:21

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '06 Aug 2020 11:59'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered 'Day 3'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:48:21

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-06T19:39:11', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '9c9ea694-f0a1-4db8-ade7-5ef2e5377049'	System	07 Aug 2020 00:39:46
User entered 'None (1)'	System	07 Aug 2020 00:39:46

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:48:21

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-06T19:39:24', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '9c9ea694-f0a1-4db8-ade7-5ef2e5377049'	System	07 Aug 2020 00:39:46
User entered 'No (N)'	System	07 Aug 2020 00:39:46

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-06T19:39:33', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '9c9ea694-f0a1-4db8-ade7-5ef2e5377049'	System	07 Aug 2020 00:39:46
User entered 'No (N)'	System	07 Aug 2020 00:39:46

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:48:21

Please record - **UNDERARM GLAND SWELLING OR TENDERNESS.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-06T19:39:38', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '9c9ea694-f0a1-4db8-ade7-5ef2e5377049'	System	07 Aug 2020 00:39:46
User entered 'None (1)'	System	07 Aug 2020 00:39:46

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:48:21

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-06T19:39:43', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '9c9ea694-f0a1-4db8-ade7-5ef2e5377049'	System	07 Aug 2020 00:39:46
User entered '06 Aug 2020 19:39'	System	07 Aug 2020 00:39:46

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:48:21

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '06 Aug 2020 12:00'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(3)

Generated On: 26 Nov 2020 10:48:21

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '07 Aug 2020 11:59'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered 'Day 4'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:48:21

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-07T18:11:59', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '0102ade9-0a39-4ca2-8f9e-8d13333cc9db'	System	07 Aug 2020 23:12:18
User entered 'None (1)'	System	07 Aug 2020 23:12:18

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:48:21

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-07T18:12:08', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '0102ade9-0a39-4ca2-8f9e-8d13333cc9db'	System	07 Aug 2020 23:12:18
User entered 'No (N)'	System	07 Aug 2020 23:12:18

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-07T18:12:10', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '0102ade9-0a39-4ca2-8f9e-8d13333cc9db'	System	07 Aug 2020 23:12:18
User entered 'No (N)'	System	07 Aug 2020 23:12:18

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:48:21

[Please record](#) - **UNDERARM GLAND SWELLING OR TENDERNESS.**

[Please select one response below](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-07T18:12:13', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '0102ade9-0a39-4ca2-8f9e-8d13333cc9db'	System	07 Aug 2020 23:12:18
User entered 'None (1)'	System	07 Aug 2020 23:12:18

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:48:21

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-07T18:12:15', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '0102ade9-0a39-4ca2-8f9e-8d13333cc9db'	System	07 Aug 2020 23:12:18
User entered '07 Aug 2020 18:12'	System	07 Aug 2020 23:12:18

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:48:21

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '07 Aug 2020 12:00'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(4)

Generated On: 26 Nov 2020 10:48:21

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '08 Aug 2020 11:59'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered 'Day 5'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:48:21

Please record - **PAIN AT INJECTION SITE.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-09T09:49:41', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '861edbe0-8dcd-43b3-9f97-9577f32ebd7f'	System	09 Aug 2020 14:49:59
User entered 'None (1)'	System	09 Aug 2020 14:49:59

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:48:21

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-09T09:49:49', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '861edbe0-8dcd-43b3-9f97-9577f32ebd7f'	System	09 Aug 2020 14:49:59
User entered 'No (N)'	System	09 Aug 2020 14:49:59

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-09T09:49:51', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '861edbe0-8dcd-43b3-9f97-9577f32ebd7f'	System	09 Aug 2020 14:49:59
User entered 'No (N)'	System	09 Aug 2020 14:49:59

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:48:21

Please record - **UNDERARM GLAND SWELLING OR TENDERNESS.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-09T09:49:53', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '861edbe0-8dcd-43b3-9f97-9577f32ebd7f'	System	09 Aug 2020 14:49:59
User entered 'None (1)'	System	09 Aug 2020 14:49:59

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:48:21

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-09T09:49:56', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '861edbe0-8dcd-43b3-9f97-9577f32ebd7f'	System	09 Aug 2020 14:49:59
User entered '09 Aug 2020 09:49'	System	09 Aug 2020 14:49:59

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:48:21

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '08 Aug 2020 12:00'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(5)

Generated On: 26 Nov 2020 10:48:21

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '09 Aug 2020 11:59'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered 'Day 6'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:48:21

[Please record - PAIN AT INJECTION SITE.](#)

[Please select one response below](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-09T14:59:11', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'cd5cbc3d-30de-4fe6-87d8-3bdd00b9fa31'	System	09 Aug 2020 19:59:21
User entered 'None (1)'	System	09 Aug 2020 19:59:21

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:48:21

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-09T14:59:13', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'cd5cbc3d-30de-4fe6-87d8-3bdd00b9fa31'	System	09 Aug 2020 19:59:21
User entered 'No (N)'	System	09 Aug 2020 19:59:21

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-09T14:59:15', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'cd5cbc3d-30de-4fe6-87d8-3bdd00b9fa31'	System	09 Aug 2020 19:59:21
User entered 'No (N)'	System	09 Aug 2020 19:59:21

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:48:21

Please record - **UNDERARM GLAND SWELLING OR TENDERNESS.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-09T14:59:17', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'cd5cbc3d-30de-4fe6-87d8-3bdd00b9fa31'	System	09 Aug 2020 19:59:21
User entered 'None (1)'	System	09 Aug 2020 19:59:21

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:48:21

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-09T14:59:19', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'cd5cbc3d-30de-4fe6-87d8-3bdd00b9fa31'	System	09 Aug 2020 19:59:21
User entered '09 Aug 2020 14:59'	System	09 Aug 2020 19:59:21

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:48:21

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '09 Aug 2020 12:00'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(6)

Generated On: 26 Nov 2020 10:48:21

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '10 Aug 2020 11:59'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered 'Day 7'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:48:21

[Please record - PAIN AT INJECTION SITE.](#)

[Please select one response below](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-11T01:48:42', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'b3f61b4f-89f9-4cfa-8bac-de90f820d9b7'	System	11 Aug 2020 06:48:55
User entered 'None (1)'	System	11 Aug 2020 06:48:55

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:48:21

Is there any REDNESS AT INJECTION SITE?

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-11T01:48:45', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'b3f61b4f-89f9-4cfa-8bac-de90f820d9b7'	System	11 Aug 2020 06:48:55
User entered 'No (N)'	System	11 Aug 2020 06:48:55

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-11T01:48:47', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'b3f61b4f-89f9-4cfa-8bac-de90f820d9b7'	System	11 Aug 2020 06:48:55
User entered 'No (N)'	System	11 Aug 2020 06:48:55

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:48:21

Please record - **UNDERARM GLAND SWELLING OR TENDERNESS.**

Please select one response below

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-11T01:48:49', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'b3f61b4f-89f9-4cfa-8bac-de90f820d9b7'	System	11 Aug 2020 06:48:55
User entered 'None (1)'	System	11 Aug 2020 06:48:55

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:48:21

[PC Time Stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-11T01:48:51', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'b3f61b4f-89f9-4cfa-8bac-de90f820d9b7'	System	11 Aug 2020 06:48:55
User entered '11 Aug 2020 01:48'	System	11 Aug 2020 06:48:55

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:48:21

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '10 Aug 2020 12:00'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: Injection Site_Day(7)

Generated On: 26 Nov 2020 10:48:21

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '11 Aug 2020 11:59'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered 'Day 1, 30 Minutes after vaccination (at study clinic)'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:48:21

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '04 Aug 2020 09:55'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(1/1)

Generated On: 26 Nov 2020 10:48:21

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '04 Aug 2020 12:25'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered 'Day 1, after vaccination (at home)'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:48:21

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-05T02:27:37', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '8bec61aa-c176-4a72-a54f-ca29dbde45a5'	System	05 Aug 2020 07:28:01
User entered 'None (0)'	System	05 Aug 2020 07:28:01

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:48:21

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-05T02:27:40', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '8bec61aa-c176-4a72-a54f-ca29dbde45a5'	System	05 Aug 2020 07:28:01
User entered 'None (0)'	System	05 Aug 2020 07:28:01

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:48:21

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-05T02:27:42', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '8bec61aa-c176-4a72-a54f-ca29dbde45a5'	System	05 Aug 2020 07:28:01
User entered 'None (0)'	System	05 Aug 2020 07:28:01

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:48:21

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-05T02:27:45', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '8bec61aa-c176-4a72-a54f-ca29dbde45a5'	System	05 Aug 2020 07:28:01
User entered 'None (0)'	System	05 Aug 2020 07:28:01

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:48:21

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-05T02:27:47', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '8bec61aa-c176-4a72-a54f-ca29dbde45a5'	System	05 Aug 2020 07:28:01
User entered 'None (0)'	System	05 Aug 2020 07:28:01

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:48:21

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-05T02:27:50', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '8bec61aa-c176-4a72-a54f-ca29dbde45a5'	System	05 Aug 2020 07:28:01
User entered 'None (0)'	System	05 Aug 2020 07:28:01

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-05T02:27:57', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '8bec61aa-c176-4a72-a54f-ca29dbde45a5'	System	05 Aug 2020 07:28:01
User entered 'No (N)'	System	05 Aug 2020 07:28:01

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:48:21

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-05T02:27:59', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '8bec61aa-c176-4a72-a54f-ca29dbde45a5'	System	05 Aug 2020 07:28:01
User entered '05 Aug 2020 02:27'	System	05 Aug 2020 07:28:01

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:48:21

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '04 Aug 2020 13:20'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(1/2)

Generated On: 26 Nov 2020 10:48:21

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '05 Aug 2020 11:59'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered 'Day 2'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:48:21

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-05T12:14:37', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'b34f3499-4215-4c82-b59a-a316a4eaf6c6'	System	05 Aug 2020 17:15:02
User entered 'None (0)'	System	05 Aug 2020 17:15:02

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:48:21

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-05T12:14:40', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'b34f3499-4215-4c82-b59a-a316a4eaf6c6'	System	05 Aug 2020 17:15:02
User entered 'None (0)'	System	05 Aug 2020 17:15:02

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:48:21

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-05T12:14:42', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'b34f3499-4215-4c82-b59a-a316a4eaf6c6'	System	05 Aug 2020 17:15:02
User entered 'None (0)'	System	05 Aug 2020 17:15:02

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:48:21

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-05T12:14:44', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'b34f3499-4215-4c82-b59a-a316a4eaf6c6'	System	05 Aug 2020 17:15:02
User entered 'None (0)'	System	05 Aug 2020 17:15:02

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:48:21

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-05T12:14:46', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'b34f3499-4215-4c82-b59a-a316a4eaf6c6'	System	05 Aug 2020 17:15:02
User entered 'None (0)'	System	05 Aug 2020 17:15:02

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:48:21

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-05T12:14:47', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'b34f3499-4215-4c82-b59a-a316a4eaf6c6'	System	05 Aug 2020 17:15:02
User entered 'None (0)'	System	05 Aug 2020 17:15:02

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-05T12:14:53', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'b34f3499-4215-4c82-b59a-a316a4eaf6c6'	System	05 Aug 2020 17:15:02
User entered 'No (N)'	System	05 Aug 2020 17:15:02

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:48:21

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-05T12:14:55', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'b34f3499-4215-4c82-b59a-a316a4eaf6c6'	System	05 Aug 2020 17:15:02
User entered '05 Aug 2020 12:14'	System	05 Aug 2020 17:15:02

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:48:21

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '05 Aug 2020 12:00'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(2)

Generated On: 26 Nov 2020 10:48:21

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '06 Aug 2020 11:59'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered 'Day 3'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:48:21

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-06T19:38:43', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '0f19a40b-ca41-494b-a4ee-c5d2457366b5'	System	07 Aug 2020 00:39:02
User entered 'None (0)'	System	07 Aug 2020 00:39:02

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:48:21

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-06T19:38:45', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '0f19a40b-ca41-494b-a4ee-c5d2457366b5'	System	07 Aug 2020 00:39:02
User entered 'None (0)'	System	07 Aug 2020 00:39:02

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:48:21

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-06T19:38:50', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '0f19a40b-ca41-494b-a4ee-c5d2457366b5'	System	07 Aug 2020 00:39:02
User entered 'None (0)'	System	07 Aug 2020 00:39:02

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:48:21

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-06T19:38:52', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '0f19a40b-ca41-494b-a4ee-c5d2457366b5'	System	07 Aug 2020 00:39:02
User entered 'None (0)'	System	07 Aug 2020 00:39:02

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:48:21

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-06T19:38:54', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '0f19a40b-ca41-494b-a4ee-c5d2457366b5'	System	07 Aug 2020 00:39:02
User entered 'None (0)'	System	07 Aug 2020 00:39:02

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:48:21

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-06T19:38:55', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '0f19a40b-ca41-494b-a4ee-c5d2457366b5'	System	07 Aug 2020 00:39:02
User entered 'None (0)'	System	07 Aug 2020 00:39:02

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-06T19:38:58', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '0f19a40b-ca41-494b-a4ee-c5d2457366b5'	System	07 Aug 2020 00:39:02
User entered 'No (N)'	System	07 Aug 2020 00:39:02

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:48:21

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-06T19:39:01', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '0f19a40b-ca41-494b-a4ee-c5d2457366b5'	System	07 Aug 2020 00:39:02
User entered '06 Aug 2020 19:39'	System	07 Aug 2020 00:39:02

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:48:21

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '06 Aug 2020 12:00'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(3)

Generated On: 26 Nov 2020 10:48:21

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '07 Aug 2020 11:59'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered 'Day 4'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:48:21

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-07T18:10:35', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '65342494-e3f0-489e-b4d4-0b0d523a878b'	System	07 Aug 2020 23:11:11
User entered 'None (0)'	System	07 Aug 2020 23:11:11

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:48:21

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-07T18:10:37', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '65342494-e3f0-489e-b4d4-0b0d523a878b'	System	07 Aug 2020 23:11:11
User entered 'None (0)'	System	07 Aug 2020 23:11:11

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:48:21

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-07T18:10:39', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '65342494-e3f0-489e-b4d4-0b0d523a878b'	System	07 Aug 2020 23:11:11
User entered 'None (0)'	System	07 Aug 2020 23:11:11

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:48:21

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-07T18:10:42', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '65342494-e3f0-489e-b4d4-0b0d523a878b'	System	07 Aug 2020 23:11:11
User entered 'None (0)'	System	07 Aug 2020 23:11:11

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:48:21

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-07T18:10:44', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '65342494-e3f0-489e-b4d4-0b0d523a878b'	System	07 Aug 2020 23:11:11
User entered 'None (0)'	System	07 Aug 2020 23:11:11

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:48:21

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-07T18:10:46', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '65342494-e3f0-489e-b4d4-0b0d523a878b'	System	07 Aug 2020 23:11:11
User entered 'None (0)'	System	07 Aug 2020 23:11:11

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-07T18:11:04', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '65342494-e3f0-489e-b4d4-0b0d523a878b'	System	07 Aug 2020 23:11:11
User entered 'No (N)'	System	07 Aug 2020 23:11:11

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:48:21

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-07T18:11:08', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '65342494-e3f0-489e-b4d4-0b0d523a878b'	System	07 Aug 2020 23:11:11
User entered '07 Aug 2020 18:11'	System	07 Aug 2020 23:11:11

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:48:21

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '07 Aug 2020 12:00'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(4)

Generated On: 26 Nov 2020 10:48:21

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '08 Aug 2020 11:59'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered 'Day 5'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:48:21

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-09T09:49:22', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'bb088eee-e964-4064-b315-670840d6384e'	System	09 Aug 2020 14:49:40
User entered 'None (0)'	System	09 Aug 2020 14:49:40

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:48:21

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-09T09:49:23', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'bb088eee-e964-4064-b315-670840d6384e'	System	09 Aug 2020 14:49:40
User entered 'None (0)'	System	09 Aug 2020 14:49:40

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:48:21

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-09T09:49:25', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'bb088eee-e964-4064-b315-670840d6384e'	System	09 Aug 2020 14:49:40
User entered 'None (0)'	System	09 Aug 2020 14:49:40

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:48:21

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-09T09:49:27', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'bb088eee-e964-4064-b315-670840d6384e'	System	09 Aug 2020 14:49:40
User entered 'None (0)'	System	09 Aug 2020 14:49:40

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:48:21

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-09T09:49:28', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'bb088eee-e964-4064-b315-670840d6384e'	System	09 Aug 2020 14:49:40
User entered 'None (0)'	System	09 Aug 2020 14:49:40

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:48:21

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-09T09:49:30', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'bb088eee-e964-4064-b315-670840d6384e'	System	09 Aug 2020 14:49:40
User entered 'None (0)'	System	09 Aug 2020 14:49:40

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-09T09:49:32', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'bb088eee-e964-4064-b315-670840d6384e'	System	09 Aug 2020 14:49:40
User entered 'No (N)'	System	09 Aug 2020 14:49:40

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:48:21

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-09T09:49:34', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'bb088eee-e964-4064-b315-670840d6384e'	System	09 Aug 2020 14:49:40
User entered '09 Aug 2020 09:49'	System	09 Aug 2020 14:49:40

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:48:21

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '08 Aug 2020 12:00'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(5)

Generated On: 26 Nov 2020 10:48:21

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '09 Aug 2020 11:59'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered 'Day 6'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:48:21

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-09T14:58:49', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '4a6f31b9-e2e9-4262-8bcf-29490bbba47c'	System	09 Aug 2020 19:59:08
User entered 'None (0)'	System	09 Aug 2020 19:59:08

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:48:21

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-09T14:58:51', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '4a6f31b9-e2e9-4262-8bcf-29490bbba47c'	System	09 Aug 2020 19:59:08
User entered 'None (0)'	System	09 Aug 2020 19:59:08

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:48:21

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-09T14:58:53', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '4a6f31b9-e2e9-4262-8bcf-29490bbba47c'	System	09 Aug 2020 19:59:08
User entered 'None (0)'	System	09 Aug 2020 19:59:08

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:48:21

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-09T14:58:54', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '4a6f31b9-e2e9-4262-8bcf-29490bbba47c'	System	09 Aug 2020 19:59:08
User entered 'None (0)'	System	09 Aug 2020 19:59:08

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:48:21

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-09T14:58:56', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '4a6f31b9-e2e9-4262-8bcf-29490bbba47c'	System	09 Aug 2020 19:59:08
User entered 'None (0)'	System	09 Aug 2020 19:59:08

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:48:21

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-09T14:58:58', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '4a6f31b9-e2e9-4262-8bcf-29490bbba47c'	System	09 Aug 2020 19:59:08
User entered 'None (0)'	System	09 Aug 2020 19:59:08

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-09T14:59:00', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '4a6f31b9-e2e9-4262-8bcf-29490bbba47c'	System	09 Aug 2020 19:59:08
User entered 'No (N)'	System	09 Aug 2020 19:59:08

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:48:21

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-09T14:59:02', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '4a6f31b9-e2e9-4262-8bcf-29490bbba47c'	System	09 Aug 2020 19:59:08
User entered '09 Aug 2020 14:59'	System	09 Aug 2020 19:59:08

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:48:21

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '09 Aug 2020 12:00'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(6)

Generated On: 26 Nov 2020 10:48:21

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '10 Aug 2020 11:59'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered 'Day 7'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:48:21

HEADACHE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-11T01:47:56', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'd97df5ca-fca2-4a79-839e-91fe027df4e7'	System	11 Aug 2020 06:48:39
User entered 'None (0)'	System	11 Aug 2020 06:48:39

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:48:21

FATIGUE

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-11T01:47:59', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'd97df5ca-fca2-4a79-839e-91fe027df4e7'	System	11 Aug 2020 06:48:39
User entered 'None (0)'	System	11 Aug 2020 06:48:39

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:48:21

MUSCLE ACHES ALL OVER BODY

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-11T01:48:01', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'd97df5ca-fca2-4a79-839e-91fe027df4e7'	System	11 Aug 2020 06:48:39
User entered 'None (0)'	System	11 Aug 2020 06:48:39

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:48:21

JOINT ACHES IN SEVERAL JOINTS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-11T01:48:03', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'd97df5ca-fca2-4a79-839e-91fe027df4e7'	System	11 Aug 2020 06:48:39
User entered 'None (0)'	System	11 Aug 2020 06:48:39

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:48:21

NAUSEA/VOMITING

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-11T01:48:21', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'd97df5ca-fca2-4a79-839e-91fe027df4e7'	System	11 Aug 2020 06:48:39
User entered 'None (0)'	System	11 Aug 2020 06:48:39

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:48:21

CHILLS

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-11T01:48:24', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'd97df5ca-fca2-4a79-839e-91fe027df4e7'	System	11 Aug 2020 06:48:39
User entered 'None (0)'	System	11 Aug 2020 06:48:39

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-11T01:48:30', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'd97df5ca-fca2-4a79-839e-91fe027df4e7'	System	11 Aug 2020 06:48:39
User entered 'No (N)'	System	11 Aug 2020 06:48:39

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:48:21

[PC Time stamp](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-08-11T01:48:33', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'd97df5ca-fca2-4a79-839e-91fe027df4e7'	System	11 Aug 2020 06:48:39
User entered '11 Aug 2020 01:48'	System	11 Aug 2020 06:48:39

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:48:21

[PC Open Date & Time](#)

Audit	User	Time (GMT)
User entered '10 Aug 2020 12:00'	System	04 Aug 2020 15:13:28

US3252020

Folder: Diary Dose 1 (1)

Form: General_Day(7)

Generated On: 26 Nov 2020 10:48:21

[PC Close Date & Time](#)

Audit	User	Time (GMT)
User entered '11 Aug 2020 11:59'	System	04 Aug 2020 15:13:28

US3252020

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Joanna Gurrola (b) (4) (b) (4)	13 Aug 2020 21:28:11

US3252020

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '13 Aug 2020'	Joanna Gurrola (b) (4) (b) (4)	13 Aug 2020 21:28:11

US3252020

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Joanna Gurrola (b) (4) (b) (4)	13 Aug 2020 21:28:11

US3252020

Folder: Safety Call Day 8 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	13 Aug 2020 21:28:11

US3252020

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Joanna Gurrola (b) (4) (b) (4)	13 Aug 2020 21:28:51

US3252020

Folder: Safety Call Day 8 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:48:21

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	13 Aug 2020 21:28:51

US3252020

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User closed query 'Data is required. Please complete.' (Site from System).	System	25 Sep 2020 16:16:32
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	25 Sep 2020 16:16:32
User entered 'No (N)' reason for change: Data Entry Error	Joanna Gurrola (b) (4) (b) (4)	25 Sep 2020 16:16:32
User opened query 'Data is required. Please complete.' (Site from System).	System	25 Sep 2020 16:16:26
User entered empty; reason for change Data Entry Error	Joanna Gurrola (b) (4) (b) (4)	25 Sep 2020 16:16:26
User entered 'Yes (Y)'	Joanna Gurrola (b) (4) (b) (4)	23 Aug 2020 21:14:11

US3252020

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Joanna Gurrola (b) (4)	25 Sep 2020 16:16:26
User entered '19 Aug 2020'	Joanna Gurrola (b) (4)	23 Aug 2020 21:14:11

US3252020

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered empty; reason for change Data Entry Error	Joanna Gurrola (b) (4) (b) (4)	25 Sep 2020 16:16:26
User entered 'Contact Made (CONTACT MADE)'	Joanna Gurrola (b) (4) (b) (4)	23 Aug 2020 21:14:11

US3252020

Folder: Safety Call Day 15 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	23 Aug 2020 21:14:11

US3252020

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Joanna Gurrola (b) (4) (b) (4)	23 Aug 2020 21:14:18

US3252020

Folder: Safety Call Day 15 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:48:21

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	23 Aug 2020 21:14:18

US3252020

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Shannon Moyer (b) (4) (b) (4)	05 Sep 2020 16:28:07

US3252020

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	05 Sep 2020 16:28:07

US3252020

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	05 Sep 2020 16:28:07

US3252020

Folder: Safety Call Day 22 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	05 Sep 2020 16:28:07

US3252020

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	05 Sep 2020 16:28:17

US3252020

Folder: Safety Call Day 22 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:48:21

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	05 Sep 2020 16:28:17

US3252020

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:48:21

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	05 Sep 2020 16:30:34

US3252020

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:48:21

Visit date (dd MMM yyyy)

Audit	User	Time (GMT)
User entered '4 Sep 2020'	Shannon Moyer (b) (4) (b) (4)	05 Sep 2020 16:30:34

US3252020

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	Shannon Moyer (b) (4) (b) (4)	05 Sep 2020 16:30:34

US3252020

Folder: Visit 2 Day 29 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:48:21

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'VISIT2'	System	05 Sep 2020 16:30:34

US3252020

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:48:21

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Pre-Dose (PREDOSE)'	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:41:53

US3252020

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:48:21

Were vital signs assessed?

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:41:53

US3252020

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:48:21

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '4 Sep 2020'	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:41:53

US3252020

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '12:26'	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:41:53

US3252020

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '4 Sep 2020 12:26'	System	08 Sep 2020 16:41:53

US3252020

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:48:21

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '97.6' F	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:41:53

US3252020

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:48:21

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:41:53

US3252020

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:48:21

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:41:53

US3252020

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:48:21

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '70'	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:41:53

US3252020

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:48:21

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	08 Sep 2020 16:41:53

US3252020

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '15'	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:41:53

US3252020

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:48:21

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	08 Sep 2020 16:41:53

US3252020

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:48:21

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '124'	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:41:53

US3252020

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:48:21

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	08 Sep 2020 16:41:53

US3252020

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:48:21

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '83'	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:41:53

US3252020

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (1)

Generated On: 26 Nov 2020 10:48:21

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	08 Sep 2020 16:41:53

US3252020

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:48:21

[Timepoint](#)

Audit	User	Time (GMT)
User accepted default value 'Post-Dose (POSTDOSE)'	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:41:53

US3252020

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:48:21

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User closed query 'Data is required. Please complete.' (Site from System).	System	08 Sep 2020 16:41:57
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	08 Sep 2020 16:41:57
User entered 'No (N)' reason for change: Data Entry Error	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:41:57
User opened query 'Data is required. Please complete.' (Site from System).	System	08 Sep 2020 16:41:53
User entered empty.	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:41:53

US3252020

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:48:21

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:41:53

US3252020

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:41:53

US3252020

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered empty.	System	08 Sep 2020 16:41:53

US3252020

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:48:21

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:41:53

US3252020

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:48:21

[Route of measurement](#)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:41:53

US3252020

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:48:21

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:41:53

US3252020

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:48:21

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:41:53

US3252020

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:48:21

[Pulse units](#)

Audit	User	Time (GMT)
User entered empty.	System	08 Sep 2020 16:41:53

US3252020

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:41:53

US3252020

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:48:21

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered empty.	System	08 Sep 2020 16:41:53

US3252020

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:48:21

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:41:53

US3252020

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:48:21

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered empty.	System	08 Sep 2020 16:41:53

US3252020

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:48:21

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:41:53

US3252020

Folder: Visit 2 Day 29 (1)

Form: Vital Signs - Dosing (2)

Generated On: 26 Nov 2020 10:48:21

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered empty.	System	08 Sep 2020 16:41:53

US3252020

Folder: Visit 2 Day 29 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:48:21

Was the physical examination performed?

Audit	User	Time (GMT)
User entered 'No (N)'	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:40:05

US3252020

Folder: Visit 2 Day 29 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:48:21

Date of examination (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:40:05

US3252020

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:48:21

[Was study treatment given?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:44:54

US3252020

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:48:21

If No, reason not given

Audit	User	Time (GMT)
User entered 'Confirmed COVID-19 (COVID)'	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:44:54

US3252020

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'As per protocol patients that test positive for COVID can no longer get second dose of injection. Patient agreed to stay in study and complete all relevant procedures allowed in protocol. Patient as'	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:44:54

US3252020

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:48:21

[What was the study treatment?](#)

Audit	User	Time (GMT)
User entered empty.	System	08 Sep 2020 16:44:54

US3252020

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:48:21

What was the treatment date? (dd MMM yyyy)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:44:54

US3252020

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:44:54

US3252020

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered empty.	System	08 Sep 2020 16:44:54

US3252020

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:48:21

Which arm was used to give treatment?

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:44:54

US3252020

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:48:21

What was the frequency of the study treatment dosing?

Audit	User	Time (GMT)
User entered empty.	System	08 Sep 2020 16:44:54

US3252020

Folder: Visit 2 Day 29 (1)

Form: Exposure

Generated On: 26 Nov 2020 10:48:21

What was the route of administration for the study treatment?

Audit	User	Time (GMT)
User entered empty.	System	08 Sep 2020 16:44:54

US3252020

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:48:21

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:40:30

US3252020

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:48:21

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '4 Sep 2020'	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:40:30

US3252020

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:48:21

Collection time (00:00-23:59)

Audit	User	Time (GMT)
User entered '12:25'	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:40:30

US3252020

Folder: Visit 2 Day 29 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '4 Sep 2020 12:25'	System	08 Sep 2020 16:40:30

US3252020

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab

Generated On: 26 Nov 2020 10:48:21

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '4 Sep 2020'	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:40:48

US3252020

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:48:21

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 1 (NASAL1)'	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:40:48

US3252020

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:48:21

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:40:48

US3252020

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:48:21

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
User entered '12:05'	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:40:48

US3252020

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (1)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '4 Sep 2020 12:05'	System	08 Sep 2020 16:40:48

US3252020

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:48:21

[Lab Test](#)

Audit	User	Time (GMT)
User accepted default value 'Nasopharyngeal Swab 2 (NASAL2)'	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:40:48

US3252020

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:48:21

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:40:48

US3252020

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:48:21

Collection time (00:00 - 23:59)

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:40:48

US3252020

Folder: Visit 2 Day 29 (1)

Form: Central Laboratory - Nasopharyngeal Swab (2)

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered empty.	System	08 Sep 2020 16:40:48

US3252020

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	08 Sep 2020 16:45:14

US3252020

Folder: Visit 2 Day 29 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:48:21

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered '1'	System	08 Sep 2020 16:45:14

US3252020

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 05:10:48

US3252020

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '9 Sep 2020'	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 05:10:48

US3252020

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 05:10:48

US3252020

Folder: Safety Call Day 36 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 05:10:48

US3252020

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 05:10:54

US3252020

Folder: Safety Call Day 36 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:48:21

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	10 Sep 2020 05:10:54

US3252020

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Nancy Torrence (b) (4) (b) (4)	19 Sep 2020 04:41:59

US3252020

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '18 Sep 2020'	Nancy Torrence (b) (4) (b) (4)	19 Sep 2020 04:41:59

US3252020

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Nancy Torrence (b) (4) (b) (4)	19 Sep 2020 04:41:59

US3252020

Folder: Safety Call Day 43 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Nancy Torrence (b) (4) (b) (4)	19 Sep 2020 04:41:59

US3252020

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Nancy Torrence (b) (4) (b) (4)	19 Sep 2020 04:42:03

US3252020

Folder: Safety Call Day 43 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:48:21

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	19 Sep 2020 04:42:03

US3252020

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Nancy Torrence (b) (4) (b) (4)	26 Sep 2020 05:54:57

US3252020

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '25 Sep 2020'	Nancy Torrence (b) (4) (b) (4)	26 Sep 2020 05:54:57

US3252020

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Nancy Torrence (b) (4) (b) (4)	26 Sep 2020 05:54:57

US3252020

Folder: Safety Call Day 50 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Nancy Torrence (b) (4) (b) (4)	26 Sep 2020 05:54:57

US3252020

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Nancy Torrence (b) (4) (b) (4)	26 Sep 2020 05:55:02

US3252020

Folder: Safety Call Day 50 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:48:21

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	26 Sep 2020 05:55:02

US3252020

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:48:21

[Was this visit performed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	01 Oct 2020 20:36:49

US3252020

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '30 Sep 2020'	(b) (4), (b) (6)	01 Oct 2020 20:36:49

US3252020

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'Clinic (Clinic)'	(b) (4), (b) (6)	01 Oct 2020 20:36:49

US3252020

Folder: Visit 3 Day 57 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:48:21

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'VISIT3'	System	01 Oct 2020 20:36:49

US3252020

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	01 Oct 2020 20:37:20

US3252020

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '30 Sep 2020'	(b) (4), (b) (6)	01 Oct 2020 20:37:20

US3252020

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '11:09'	(b) (4), (b) (6)	01 Oct 2020 20:37:20

US3252020

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '30 Sep 2020 11:09'	System	01 Oct 2020 20:37:20

US3252020

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

Temperature (xxx.x)

Audit	User	Time (GMT)
User entered '98.3' F	(b) (4), (b) (6)	01 Oct 2020 20:37:20

US3252020

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

[Route of measurement](#)

Audit	User	Time (GMT)
User entered 'Oral (Oral)'	(b) (4), (b) (6)	01 Oct 2020 20:37:20

US3252020

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

[If Other, specify](#)

Audit	User	Time (GMT)
User entered empty.	(b) (4), (b) (6)	01 Oct 2020 20:37:20

US3252020

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
User entered '69'	(b) (4), (b) (6)	01 Oct 2020 20:37:20

US3252020

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	01 Oct 2020 20:37:20

US3252020

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '15'	(b) (4), (b) (6)	01 Oct 2020 20:37:20

US3252020

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	01 Oct 2020 20:37:20

US3252020

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '120'	(b) (4), (b) (6)	01 Oct 2020 20:37:20

US3252020

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	01 Oct 2020 20:37:20

US3252020

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
User entered '70'	(b) (4), (b) (6)	01 Oct 2020 20:37:20

US3252020

Folder: Visit 3 Day 57 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	01 Oct 2020 20:37:20

US3252020

Folder: Visit 3 Day 57 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:48:21

Was the physical examination performed?

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	01 Oct 2020 20:37:43

US3252020

Folder: Visit 3 Day 57 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:48:21

Date of examination (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '30 Sep 2020'	(b) (4), (b) (6)	01 Oct 2020 20:37:43

US3252020

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:48:21

[Was the sample collected?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	01 Oct 2020 20:38:00

US3252020

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:48:21

Collection date (*dd MMM yyyy*)

Audit	User	Time (GMT)
User entered '30 Sep 2020'	(b) (4), (b) (6)	01 Oct 2020 20:38:00

US3252020

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:48:21

Collection time (00:00-23:59)

Audit	User	Time (GMT)
User entered '11:26'	(b) (4), (b) (6)	01 Oct 2020 20:38:00

US3252020

Folder: Visit 3 Day 57 (1)

Form: Immunogenicity Assessment

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '30 Sep 2020 11:26'	System	01 Oct 2020 20:38:00

US3252020

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	(b) (4), (b) (6)	01 Oct 2020 20:38:09

US3252020

Folder: Visit 3 Day 57 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:48:21

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	01 Oct 2020 20:38:09

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered 'Day 64'	System	04 Aug 2020 15:13:28

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-10-06T16:28:04', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '237eec73-fdc5-4728-992e-4e4d752da50e'	System	06 Oct 2020 21:28:22
User entered 'No (N)'	System	06 Oct 2020 21:28:22

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-10-06T16:28:12', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '237eec73-fdc5-4728-992e-4e4d752da50e'	System	06 Oct 2020 21:28:22
User entered 'No (N)'	System	06 Oct 2020 21:28:22

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-10-06T16:28:15', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '237eec73-fdc5-4728-992e-4e4d752da50e'	System	06 Oct 2020 21:28:22
User entered '06 Oct 2020 16:28:15'	System	06 Oct 2020 21:28:22

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered '04 Oct 2020 00:01'	System	04 Aug 2020 15:13:28

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered '08 Oct 2020 23:59'	System	04 Aug 2020 15:13:28

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered 'Day 71'	System	04 Aug 2020 15:13:28

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-10-14T08:50:17', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '8f6db8c7-3e12-4610-8a33-9c4ebf13c4e8'	System	14 Oct 2020 13:50:25
User entered 'No (N)'	System	14 Oct 2020 13:50:25

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-10-14T08:50:20', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '8f6db8c7-3e12-4610-8a33-9c4ebf13c4e8'	System	14 Oct 2020 13:50:25
User entered 'No (N)'	System	14 Oct 2020 13:50:25

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-10-14T08:50:23', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '8f6db8c7-3e12-4610-8a33-9c4ebf13c4e8'	System	14 Oct 2020 13:50:25
User entered '14 Oct 2020 08:50:23'	System	14 Oct 2020 13:50:25

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered '11 Oct 2020 00:01'	System	04 Aug 2020 15:13:28

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered '15 Oct 2020 23:59'	System	04 Aug 2020 15:13:28

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered 'Day 78'	System	04 Aug 2020 15:13:28

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-10-19T15:25:20', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '3c5c1ae0-1308-44b3-ba84-c65eaa5bb77d'	System	19 Oct 2020 20:25:33
User entered 'No (N)'	System	19 Oct 2020 20:25:33

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-10-19T15:25:27', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '3c5c1ae0-1308-44b3-ba84-c65eaa5bb77d'	System	19 Oct 2020 20:25:33
User entered 'No (N)'	System	19 Oct 2020 20:25:33

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-10-19T15:25:30', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '3c5c1ae0-1308-44b3-ba84-c65eaa5bb77d'	System	19 Oct 2020 20:25:33
User entered '19 Oct 2020 15:25:30'	System	19 Oct 2020 20:25:33

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered '18 Oct 2020 00:01'	System	04 Aug 2020 15:13:28

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered '22 Oct 2020 23:59'	System	04 Aug 2020 15:13:28

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered 'Day 92'	System	04 Aug 2020 15:13:28

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-11-05T09:01:41', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '66611a55-14a7-4c86-8a00-8afe3f5067e4'	System	05 Nov 2020 15:01:51
User entered 'No (N)'	System	05 Nov 2020 15:01:51

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-11-05T09:01:44', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '66611a55-14a7-4c86-8a00-8afe3f5067e4'	System	05 Nov 2020 15:01:51
User entered 'No (N)'	System	05 Nov 2020 15:01:51

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-11-05T09:01:48', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: '66611a55-14a7-4c86-8a00-8afe3f5067e4'	System	05 Nov 2020 15:01:51
User entered '05 Nov 2020 09:01:48'	System	05 Nov 2020 15:01:51

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered '01 Nov 2020 00:01'	System	04 Aug 2020 15:13:28

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered '05 Nov 2020 23:59'	System	04 Aug 2020 15:13:28

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered 'Day 99'	System	04 Aug 2020 15:13:28

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-11-11T08:31:44', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'def749a7-730f-4613-8398-7d76f8570106'	System	11 Nov 2020 14:31:57
User entered 'No (N)'	System	11 Nov 2020 14:31:57

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-11-11T08:31:49', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'def749a7-730f-4613-8398-7d76f8570106'	System	11 Nov 2020 14:31:57
User entered 'No (N)'	System	11 Nov 2020 14:31:57

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-11-11T08:31:53', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'def749a7-730f-4613-8398-7d76f8570106'	System	11 Nov 2020 14:31:57
User entered '11 Nov 2020 08:31:53'	System	11 Nov 2020 14:31:57

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered '08 Nov 2020 00:01'	System	04 Aug 2020 15:13:28

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered '12 Nov 2020 23:59'	System	04 Aug 2020 15:13:28

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered 'Day 106'	System	04 Aug 2020 15:13:28

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-11-16T23:21:37', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'd6d0be97-107e-4414-9cd4-e6d6f377bfff'	System	17 Nov 2020 05:21:58
User entered 'No (N)'	System	17 Nov 2020 05:21:58

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-11-16T23:21:53', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'd6d0be97-107e-4414-9cd4-e6d6f377bfff'	System	17 Nov 2020 05:21:58
User entered 'No (N)'	System	17 Nov 2020 05:21:58

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-11-16T23:21:55', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'd6d0be97-107e-4414-9cd4-e6d6f377bfff'	System	17 Nov 2020 05:21:58
User entered '16 Nov 2020 23:21:55'	System	17 Nov 2020 05:21:58

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered '15 Nov 2020 00:01'	System	04 Aug 2020 15:13:28

US3252020

Folder: Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Data entry locked.	System	04 Aug 2020 15:13:28
User entered '19 Nov 2020 23:59'	System	04 Aug 2020 15:13:28

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 61'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '01 Oct 2020 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '05 Oct 2020 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 68'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '08 Oct 2020 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '12 Oct 2020 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 75'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '15 Oct 2020 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '19 Oct 2020 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 82'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '22 Oct 2020 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '26 Oct 2020 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 89'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '29 Oct 2020 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '02 Nov 2020 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 96'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '05 Nov 2020 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '09 Nov 2020 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 103'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '12 Nov 2020 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '16 Nov 2020 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 110'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-11-20T12:52:18', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'f3e68999-b0e4-414b-bafa-b012a895ff9b'	System	20 Nov 2020 18:52:27
User entered 'No (N)'	System	20 Nov 2020 18:52:27

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-11-20T12:52:21', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'f3e68999-b0e4-414b-bafa-b012a895ff9b'	System	20 Nov 2020 18:52:27
User entered 'No (N)'	System	20 Nov 2020 18:52:27

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Date and time of submission](#)

Audit	User	Time (GMT)
External Audit Record. Reason for change: 'Not Provided', Location OID: 'ePRODevice (ffb3c6f8085e76a6)', Time: '2020-11-20T12:52:23', User OID: 'PatientReportedOutcome (US3252020)', ODM File OID: 'f3e68999-b0e4-414b-bafa-b012a895ff9b'	System	20 Nov 2020 18:52:27
User entered '20 Nov 2020 12:52:23'	System	20 Nov 2020 18:52:27

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '19 Nov 2020 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '23 Nov 2020 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 117'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '26 Nov 2020 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '30 Nov 2020 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 124'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '03 Dec 2020 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '07 Dec 2020 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 131'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '10 Dec 2020 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '14 Dec 2020 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 138'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '17 Dec 2020 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '21 Dec 2020 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 145'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '24 Dec 2020 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '28 Dec 2020 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 152'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '31 Dec 2020 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '04 Jan 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 159'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '07 Jan 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '11 Jan 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 166'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '14 Jan 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '18 Jan 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 173'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '21 Jan 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '25 Jan 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 180'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '28 Jan 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '01 Feb 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 187'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '04 Feb 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '08 Feb 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 194'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '11 Feb 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '15 Feb 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 201'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '18 Feb 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '22 Feb 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 208'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '25 Feb 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '01 Mar 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 215'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '04 Mar 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '08 Mar 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 222'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '11 Mar 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '15 Mar 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 229'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '18 Mar 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '22 Mar 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 236'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '25 Mar 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '29 Mar 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 243'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '01 Apr 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '05 Apr 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 250'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '08 Apr 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '12 Apr 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 257'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '15 Apr 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '19 Apr 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 264'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '22 Apr 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '26 Apr 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 271'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '29 Apr 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '03 May 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 278'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '06 May 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '10 May 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 285'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '13 May 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '17 May 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 292'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '20 May 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '24 May 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 299'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '27 May 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '31 May 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 306'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '03 Jun 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '07 Jun 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 313'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '10 Jun 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '14 Jun 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 320'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '17 Jun 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '21 Jun 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 327'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '24 Jun 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '28 Jun 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 334'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '01 Jul 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '05 Jul 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 341'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '08 Jul 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '12 Jul 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 348'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '15 Jul 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '19 Jul 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 355'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '22 Jul 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '26 Jul 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 362'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '29 Jul 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '02 Aug 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 369'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '05 Aug 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '09 Aug 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 376'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '12 Aug 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '16 Aug 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 383'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '19 Aug 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '23 Aug 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 390'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '26 Aug 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '30 Aug 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 397'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '02 Sep 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '06 Sep 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 404'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '09 Sep 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '13 Sep 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 411'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '16 Sep 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '20 Sep 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 418'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '23 Sep 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '27 Sep 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 425'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '30 Sep 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '04 Oct 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 432'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '07 Oct 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '11 Oct 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 439'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '14 Oct 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '18 Oct 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 446'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '21 Oct 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '25 Oct 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 453'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '28 Oct 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '01 Nov 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 460'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '04 Nov 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '08 Nov 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 467'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '11 Nov 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '15 Nov 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 474'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '18 Nov 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '22 Nov 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 481'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '25 Nov 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '29 Nov 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 488'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '02 Dec 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '06 Dec 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 495'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '09 Dec 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '13 Dec 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 502'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '16 Dec 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '20 Dec 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 509'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '23 Dec 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '27 Dec 2021 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 516'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '30 Dec 2021 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '03 Jan 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 523'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '06 Jan 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '10 Jan 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 530'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '13 Jan 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '17 Jan 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 537'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '20 Jan 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '24 Jan 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 544'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '27 Jan 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '31 Jan 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 551'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '03 Feb 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '07 Feb 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 558'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '10 Feb 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '14 Feb 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 565'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '17 Feb 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '21 Feb 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 572'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '24 Feb 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '28 Feb 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 579'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '03 Mar 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '07 Mar 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 586'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '10 Mar 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '14 Mar 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 593'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '17 Mar 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '21 Mar 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 600'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '24 Mar 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '28 Mar 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 607'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '31 Mar 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '04 Apr 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 614'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '07 Apr 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '11 Apr 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 621'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '14 Apr 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '18 Apr 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 628'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '21 Apr 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '25 Apr 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 635'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '28 Apr 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '02 May 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 642'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '05 May 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '09 May 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 649'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '12 May 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '16 May 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 656'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '19 May 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '23 May 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 663'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '26 May 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '30 May 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 670'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '02 Jun 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '06 Jun 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 677'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '09 Jun 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '13 Jun 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 684'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '16 Jun 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '20 Jun 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 691'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '23 Jun 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '27 Jun 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 698'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '30 Jun 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '04 Jul 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 705'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '07 Jul 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '11 Jul 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 712'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '14 Jul 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '18 Jul 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 719'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '21 Jul 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '25 Jul 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 726'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '28 Jul 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '01 Aug 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 733'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '04 Aug 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '08 Aug 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 740'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '11 Aug 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '15 Aug 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 747'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '18 Aug 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '22 Aug 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 754'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '25 Aug 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '29 Aug 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 761'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '01 Sep 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '05 Sep 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 768'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '08 Sep 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '12 Sep 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 775'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '15 Sep 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '19 Sep 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 782'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '22 Sep 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '26 Sep 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 789'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '29 Sep 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '03 Oct 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

TIMEPOINT

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered 'Day 796'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Open Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '06 Oct 2022 00:01'	System	19 Nov 2020 12:19:47

US3252020

Folder: New Safety Follow Up Diary (1)

Form: Safety Follow Up Diary

Generated On: 26 Nov 2020 10:48:21

[Patient Cloud Close Date & Time](#)

Audit	User	Time (GMT)
Amendment Manager: Data entry locked.	System	19 Nov 2020 12:19:47
Amendment Manager: User entered '10 Oct 2022 23:59'	System	19 Nov 2020 12:19:47

US3252020

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

[Was Contact Attempted?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Nancy Torrence (b) (4) (b) (4)	29 Oct 2020 01:51:15

US3252020

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '28 Oct 2020'	Nancy Torrence (b) (4) (b) (4)	29 Oct 2020 01:51:15

US3252020

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'Contact Made (CONTACT MADE)'	Nancy Torrence (b) (4) (b) (4)	29 Oct 2020 01:51:15

US3252020

Folder: Safety Call Day 85 (1)

Form: Safety Call

Generated On: 26 Nov 2020 10:48:21

[Comments](#)

If Contact Not Made, please provide Comments

Audit	User	Time (GMT)
User entered empty.	Nancy Torrence (b) (4) (b) (4)	29 Oct 2020 01:51:15

US3252020

Folder: Safety Call Day 85 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered 'Yes (Y)'	Nancy Torrence (b) (4) (b) (4)	29 Oct 2020 01:51:19

US3252020

Folder: Safety Call Day 85 (1)

Form: Continuing

Generated On: 26 Nov 2020 10:48:21

[Continuing Flag](#)

Audit	User	Time (GMT)
User entered 'I'	System	29 Oct 2020 01:51:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:48:21

[Date of Contact](#)

Audit	User	Time (GMT)
User closed query 'Per ETRTR: Please complete Symptoms Log that includes 17Aug20 and prior Symptoms Dates required for scheduling the Illness Visit Day 1, thanks.' (Site from CRA).	(b) (4), (b) (6)	07 Nov 2020 03:50:44
User closed query 'Per ETRTR: Please complete data entry for Illness Visit Day 1, Convalescent Visit and Saliva Collection Log entries, thanks.' (Site from CRA).	(b) (4), (b) (6)	07 Nov 2020 03:50:05
Query 'Per ETRTR: Please complete data entry for Illness Visit Day 1, Convalescent Visit and Saliva Collection Log entries, thanks.' answered with 'a progress note has been added to emr but please let me know how to input the symptoms patient had previously as in symptom log it starts with day 1. Will day one be the first day patient reported symptoms and if so only symptoms were collected but no pulse oximetry was done.' (Site from CRA).	Joanna Gurrola (b) (4) (b) (4)	03 Nov 2020 14:12:28
Query 'Per ETRTR: Please complete Symptoms Log that includes 17Aug20 and prior Symptoms Dates required for scheduling the Illness Visit Day 1, thanks.' answered with 'a progress note has been added to emr but please let me know how to input the symptoms patient had previously as in symptom log it starts with day 1. Will day one be the first day patient reported symptoms and if so only symptoms were collected but no pulse oximetry was done.' (Site from CRA).	Joanna Gurrola (b) (4) (b) (4)	03 Nov 2020 14:12:24
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 01:48:10
User opened query 'Per ETRTR: Please complete data entry for Illness Visit Day 1, Convalescent Visit and Saliva Collection Log entries, thanks.' (Site from CRA).	(b) (4), (b) (6)	09 Oct 2020 22:10:11
User opened query 'Per ETRTR: Please complete Symptoms Log that includes 17Aug20 and prior Symptoms Dates required for scheduling the Illness Visit Day 1, thanks.' (Site from CRA).	(b) (4), (b) (6)	09 Oct 2020 22:09:27
User entered '17 Aug 2020'	Shannon Moyer (b) (4) (b) (4)	02 Sep 2020 15:13:28

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:48:21

[Time of Contact](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	29 Oct 2020 21:19:55
User closed query 'The start time of the initial illness visit is unclear in source. Per the electronic source, the earliest assessment (Vitals) began at 14:50. Electronic source is not complete to show initial time of contact. Paper source that has been reviewed shows the time of contact at 17:00 on page 7/24. Please review and update as necessary. ' (Site from CRA). Query 'The start time of the initial illness visit is unclear in source. Per the electronic source, the earliest assessment (Vitals) began at 14:50. Electronic source is not complete to show initial time of contact. Paper source that has been reviewed shows the time of contact at 17:00 on page 7/24. Please review and update as necessary. ' answered with 'per paper source 7/17 patient was seen at 17:00' (Site from CRA).	(b) (4), (b) (6)	29 Oct 2020 21:19:54
Query 'The start time of the initial illness visit is unclear in source. Per the electronic source, the earliest assessment (Vitals) began at 14:50. Electronic source is not complete to show initial time of contact. Paper source that has been reviewed shows the time of contact at 17:00 on page 7/24. Please review and update as necessary. ' answered with 'per paper source 7/17 patient was seen at 17:00' (Site from CRA).	Joanna Gurrola (b) (4)	29 Oct 2020 04:34:55
User entered '17:00' reason for change: Data Entry Error	(b) (4)	29 Oct 2020 04:34:36
User opened query 'The start time of the initial illness visit is unclear in source. Per the electronic source, the earliest assessment (Vitals) began at 14:50. Electronic source is not complete to show initial time of contact. Paper source that has been reviewed shows the time of contact at 17:00 on page 7/24. Please review and update as necessary. ' (Site from CRA). Query 'The start time of the initial illness visit is unclear in source. Per the source, the earliest assessment (Vitals) began at 14:50. Source is not complete to show initial time of contact. Please review and update. ' canceled (Site from CRA).	(b) (4), (b) (6)	22 Oct 2020 17:04:14
User opened query 'The start time of the initial illness visit is unclear in source. Per the source, the earliest assessment (Vitals) began at 14:50. Source is not complete to show initial time of contact. Please review and update. ' canceled (Site from CRA).	(b) (4), (b) (6)	22 Oct 2020 17:00:39
User opened query 'The start time of the initial illness visit is unclear in source. Per the source, the earliest assessment (Vitals) began at 14:50. Source is not complete to show initial time of contact. Please review and update. ' (Site from CRA).	(b) (4), (b) (6)	22 Oct 2020 01:49:02
User entered '00:00'	Shannon Moyer (b) (4)	02 Sep 2020 15:13:28

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:48:21

[Date and Time of Contact \(derived\)](#)

Audit	User	Time (GMT)
User entered '17 Aug 2020 17:00'	System	29 Oct 2020 04:34:36
User entered '17 Aug 2020 00:00'	System	02 Sep 2020 15:13:28

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:48:21

[Type of Contact](#)

Audit	User	Time (GMT)
User closed query 'In electronic source, the question "Was this visit performed at the participant's home or at the clinic?" is not answered, neither is the date and time of the visit. In the paper source provided, "type of contact" is listed as "Clinical visit-unscheduled" Please review source and reconcile for consistency.' (Site from CRA). DataPoint Verified.	(b) (4), (b) (6)	29 Oct 2020 21:33:33
User entered 'Clinical Visit - Unscheduled (Clinical Visit - Unscheduled)' reason for change: Data Entry Error Query 'In electronic source, the question "Was this visit performed at the participant's home or at the clinic?" is not answered, neither is the date and time of the visit. In the paper source provided, "type of contact" is listed as "Clinical visit-unscheduled" Please review source and reconcile for consistency.' answered with 'per query electronic source was unable to capture this information therefore the paper source is correct Clinical Visit UNS' (Site from CRA).	Joanna Gurrola (b) (4) (b) (4)	29 Oct 2020 04:34:36
Query 'in source, the question "Was this visit performed at the participant's home or at the clinic?" is not answered, neither is the date and time of the visit. Please review source and reconcile. ' canceled (Site from CRA).	(b) (4), (b) (6)	22 Oct 2020 17:06:55
User opened query 'In electronic source, the question "Was this visit performed at the participant's home or at the clinic?" is not answered, neither is the date and time of the visit. In the paper source provided, "type of contact" is listed as "Clinical visit-unscheduled" Please review source and reconcile for consistency.' (Site from CRA).	(b) (4), (b) (6)	22 Oct 2020 17:06:46
Query 'In electronic source, the question "Was this visit performed at the participant's home or at the clinic?" is not answered, neither is the date and time of the visit. In the paper source provided, "type of contact" is listed as "Clinical visit-unscheduled" Please review source and reconcile for consistency.' canceled (Site from CRA).	(b) (4), (b) (6)	22 Oct 2020 17:06:16

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:48:21

[Type of Contact](#)

Audit	User	Time (GMT)
User opened query 'In electronic source, the question "Was this visit performed at the participant's home or at the clinic?" is not answered, neither is the date and time of the visit. In the paper source provided, "type of contact" is listed as "Clinical visit-unscheduled" Please review source and reconcile for consistency.' (Site from CRA).	(b) (4), (b) (6)	22 Oct 2020 17:06:14
User opened query 'in source, the question "Was this visit performed at the participant's home or at the clinic?" is not answered, neither is the date and time of the visit. Please review source and reconcile. ' (Site from CRA).	(b) (4), (b) (6)	22 Oct 2020 16:57:20
DataPoint Un-verified.	(b) (4), (b) (6)	22 Oct 2020 16:56:42
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 01:49:05
User entered 'Clinic Visit - Scheduled (Clinic Visit - Scheduled)'	Shannon Moyer (b) (4) (b) (4)	02 Sep 2020 15:13:28

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: COVID-19 Contact

Generated On: 26 Nov 2020 10:48:21

[Has the subject reported symptoms of SARS-COV-2?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 17:49:09
Query "'Has the subject reported symptoms of SARS-COV-2' is not a question that is directly indicated in the source, nor is there a source note to provide clarification. Please review and update source if necessary so this can be verified. ' canceled (Site from CRA).	(b) (4), (b) (6)	27 Oct 2020 17:49:07
User opened query "'Has the subject reported symptoms of SARS-COV-2' is not a question that is directly indicated in the source, nor is there a source note to provide clarification. Please review and update source if necessary so this can be verified. ' (Site from CRA).	(b) (4), (b) (6)	22 Oct 2020 01:50:26
DataPoint Un-verified.	(b) (4), (b) (6)	22 Oct 2020 01:49:18
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 01:49:07
User entered 'Yes (Y)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	21 Oct 2020 16:53:01
User entered 'No (N)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	02 Sep 2020 15:16:25
User entered 'Yes (Y)'	Shannon Moyer (b) (4)	02 Sep 2020 15:13:28

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:48:21

[Symptom Day](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
Query 'Source provided for day 1 symptom log is for the subject US3252075. Please provide correct source.' canceled (Site from CRA).	(b) (4), (b) (6)	22 Oct 2020 16:53:12
User opened query 'Source provided for day 1 symptom log is for the subject US3252075. Please provide correct source.' (Site from CRA).	(b) (4), (b) (6)	22 Oct 2020 02:04:11
User entered 'Day 1 (Day 1)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 19:17:58

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:48:21

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:26:52
User closed query 'Per CDM: Please confirm that initial start date of symptoms and Contact Date are the same (17AUG2020) or update accordingly' (Site from DM).	(b) (4), (b) (6)	09 Nov 2020 14:55:02
Query 'Per CDM: Please confirm that initial start date of symptoms and Contact Date are the same (17AUG2020) or update accordingly' answered with 'Updated.' (Site from DM).	Shannon Moyer (b) (4)	09 Nov 2020 05:53:29
DataPoint Un-verified.	(b) (4)	09 Nov 2020 05:43:53
User entered '13 Aug 2020' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User opened query 'Per CDM: Please confirm that initial start date of symptoms and Contact Date are the same (17AUG2020) or update accordingly' (Site from DM).	(b) (4), (b) (6)	09 Nov 2020 02:12:17
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:22:15
User entered '17 Aug 2020'	Joanna Gurrola (b) (4)	21 Oct 2020 19:17:58

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:48:21

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:22:17
User entered '0'	Joanna Gurrola (b) (4)	21 Oct 2020 19:17:58
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:26:34
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered empty; reason for change Data Entry Error	(b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
DataPoint inactivated with code reason code Data not required.	(b) (4)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered '98'	(b) (4), (b) (6)	22 Oct 2020 17:22:21
	Joanna Gurrola (b) (4)	21 Oct 2020 19:17:58
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered empty.	System	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered '%'	System	21 Oct 2020 19:17:58

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:48:21

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:26:36
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered empty; reason for change Data Entry Error	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	(b) (4)	
	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:22:23
User entered '99.1' F	Joanna Gurrola (b) (4)	21 Oct 2020 19:17:58
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:48:21

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:26:37
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered 'None (None)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:22:30
User entered 'Mild (Mild)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:17:58
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:48:21

[Cough](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:22:39
User entered 'Mild (Mild)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:17:58
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:48:21

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:22:42
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:17:58
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:48:21

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:22:47
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:17:58
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:48:21

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:26:39
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered 'None (None)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:22:53
User entered 'Mild (Mild)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:17:58
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:48:21

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:26:41
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered 'None (None)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:24:09
User entered 'Moderate (Moderate)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:17:58
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:48:21

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:26:42
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered 'None (None)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:24:13
User entered 'Moderate (Moderate)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:17:58
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:48:21

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:26:44
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered 'Mild (Mild)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
DataPoint inactivated with code reason code Data not required.	(b) (4)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered 'Moderate (Moderate)'	(b) (4), (b) (6)	22 Oct 2020 17:24:17
	Joanna Gurrola (b) (4)	21 Oct 2020 19:17:58
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:24:20
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:17:58
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:24:28
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:17:58
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:48:21

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:26:45
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered 'None (None)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
DataPoint inactivated with code reason code Data not required.	(b) (4)	09 Nov 2020 05:43:53
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
User entered 'Mild (Mild)'	(b) (4), (b) (6)	05 Nov 2020 00:50:50
	(b) (4), (b) (6)	05 Nov 2020 00:50:29
	(b) (4), (b) (6)	22 Oct 2020 17:24:32
	(b) (4), (b) (6)	21 Oct 2020 19:17:58
	Joanna Gurrola (b) (4)	21 Oct 2020 19:17:58
	(b) (4)	21 Oct 2020 19:17:58

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:48:21

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:26:47
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered 'None (None)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:24:35
User entered 'Mild (Mild)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:17:58
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:48:21

[Nausea](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:24:39
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:17:58
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:48:21

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:24:41
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:17:58
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:48:21

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:24:45
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:17:58
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (1)

Generated On: 26 Nov 2020 10:48:21

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:26:49
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered 'None (None)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:24:48
User entered 'Mild (Mild)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:17:58
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:48:21

[Symptom Day](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered 'Day 2 (Day 2)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:21:06

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:48:21

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:29:28
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered '14 Aug 2020' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 02:04:38
User entered '18 Aug 2020'	Joanna Gurrola (b) (4)	21 Oct 2020 19:21:06
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:48:21

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:33:32
DataPoint Un-verified.	Joanna Gurrola (b) (4)	14 Nov 2020 16:13:46
User entered '0' reason for change: Data Entry Error	(b) (4)	
	Joanna Gurrola (b) (4)	14 Nov 2020 16:13:46
DataPoint Verified.	(b) (4)	
	(b) (4), (b) (6)	11 Nov 2020 15:29:17
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
	(b) (4)	
User entered '1' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 16:47:31
User entered '0'	Joanna Gurrola (b) (4)	21 Oct 2020 19:21:06
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:29:18
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered empty; reason for change Data Entry Error	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	(b) (4)	
	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 02:05:14
User entered '99'	Joanna Gurrola (b) (4)	21 Oct 2020 19:21:06
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered empty.	System	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered '%'	System	21 Oct 2020 19:21:06

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:48:21

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:29:20
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered empty; reason for change Data Entry Error	(b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
DataPoint inactivated with code reason code Data not required.	(b) (4)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered '98.9' F	(b) (4), (b) (6)	22 Oct 2020 02:05:17
	Joanna Gurrola (b) (4)	21 Oct 2020 19:21:06
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:48:21

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:33:35
DataPoint Un-verified.	Joanna Gurrola (b) (4)	14 Nov 2020 16:13:46
User entered 'None (None)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	14 Nov 2020 16:13:46
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:29:22
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered empty; reason for change Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 02:05:21
User entered 'Mild (Mild)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:21:06

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:48:21

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:33:37
DataPoint Un-verified.	Joanna Gurrola (b) (4)	14 Nov 2020 16:13:46
User entered 'Mild (Mild)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	14 Nov 2020 16:13:46
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:29:24
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered empty; reason for change Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 02:05:28
User entered 'Moderate (Moderate)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:21:06

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:48:21

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:33:38
DataPoint Un-verified.	Joanna Gurrola (b) (4)	14 Nov 2020 16:13:46
User entered 'None (None)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	14 Nov 2020 16:13:46
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:29:25
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered empty; reason for change Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 02:05:33
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:21:06

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:48:21

Difficulty Breathing

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:33:40
DataPoint Un-verified.	Joanna Gurrola (b) (4)	14 Nov 2020 16:13:46
User entered 'None (None)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	14 Nov 2020 16:13:46
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:29:27
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered empty; reason for change Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 02:05:37
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:21:06

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:48:21

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:33:41
DataPoint Un-verified.	Joanna Gurrola (b) (4)	14 Nov 2020 16:13:46
User entered 'None (None)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	14 Nov 2020 16:13:46
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:29:15
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered empty; reason for change Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 02:05:40
User entered 'Mild (Mild)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:21:06

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:48:21

Muscle Aches (Myalgia)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:33:42
DataPoint Un-verified.	Joanna Gurrola (b) (4)	14 Nov 2020 16:13:46
User entered 'None (None)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	14 Nov 2020 16:13:46
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:28:03
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered empty; reason for change Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 02:05:45
User entered 'Mild (Mild)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:21:06

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:48:21

Body Aches

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:33:44
DataPoint Un-verified.	Joanna Gurrola (b) (4)	14 Nov 2020 16:13:46
User entered 'None (None)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	14 Nov 2020 16:13:46
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:28:05
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered empty; reason for change Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 02:05:55
User entered 'Not Done (Not Done)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:21:06

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:48:21

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:33:45
DataPoint Un-verified.	Joanna Gurrola (b) (4)	14 Nov 2020 16:13:46
User entered 'Mild (Mild)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	14 Nov 2020 16:13:46
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:28:00
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered empty; reason for change Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 02:13:18
User entered 'Moderate (Moderate)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:21:06

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:33:47
DataPoint Un-verified.	Joanna Gurrola (b) (4)	14 Nov 2020 16:13:46
User entered 'None (None)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	14 Nov 2020 16:13:46
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:27:58
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered empty; reason for change Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 02:13:21
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:21:06

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:34:12
DataPoint Un-verified.	Joanna Gurrola (b) (4)	14 Nov 2020 16:13:46
User entered 'None (None)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	14 Nov 2020 16:13:46
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:27:56
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered empty; reason for change Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 02:13:25
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:21:06

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:48:21

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:34:18
DataPoint Un-verified.	Joanna Gurrola (b) (4)	14 Nov 2020 16:13:46
User entered 'None (None)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	14 Nov 2020 16:13:46
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:27:54
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered empty; reason for change Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 02:13:31
User entered 'Moderate (Moderate)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:21:06

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:48:21

Runny Nose (Rhinorrhea)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:34:20
DataPoint Un-verified.	Joanna Gurrola (b) (4)	14 Nov 2020 16:13:46
User entered 'None (None)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	14 Nov 2020 16:13:46
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:27:42
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered empty; reason for change Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 02:13:34
User entered 'Mild (Mild)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:21:06

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:48:21

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:34:22
DataPoint Un-verified.	Joanna Gurrola (b) (4)	14 Nov 2020 16:13:46
User entered 'None (None)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	14 Nov 2020 16:13:46
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:27:40
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered empty; reason for change Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 02:13:40
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:21:06

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:48:21

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:34:56
DataPoint Un-verified.	Joanna Gurrola (b) (4)	14 Nov 2020 16:13:46
User entered 'None (None)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	14 Nov 2020 16:13:46
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:27:39
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered empty; reason for change Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 02:13:42
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:21:06

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:48:21

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:34:58
DataPoint Un-verified.	Joanna Gurrola (b) (4)	14 Nov 2020 16:13:46
User entered 'None (None)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	14 Nov 2020 16:13:46
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:27:37
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered empty; reason for change Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 02:13:44
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:21:06

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (2)

Generated On: 26 Nov 2020 10:48:21

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:34:59
DataPoint Un-verified.	Joanna Gurrola (b) (4)	14 Nov 2020 16:13:46
User entered 'None (None)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	14 Nov 2020 16:13:46
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:27:35
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered empty; reason for change Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 02:13:49
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:21:06

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:48:21

[Symptom Day](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered 'Day 3 (Day 3)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:24:35

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:48:21

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:39:10
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered '15 Aug 2020' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:34:25
User entered '19 Aug 2020'	Joanna Gurrola (b) (4)	21 Oct 2020 19:24:35
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:48:21

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:34:27
User entered '0'	Joanna Gurrola (b) (4)	21 Oct 2020 19:24:35
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:36:05
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered empty; reason for change Data Entry Error	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	(b) (4)	
	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:34:38
User entered '99'	Joanna Gurrola (b) (4)	21 Oct 2020 19:24:35
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered empty.	System	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered '%'	System	21 Oct 2020 19:24:35

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:48:21

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:36:06
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered empty; reason for change Data Entry Error	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	(b) (4)	
	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:36:36
User entered '98.6' F	Joanna Gurrola (b) (4)	21 Oct 2020 19:24:35
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:48:21

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:36:09
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered 'None (None)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:36:39
User entered 'Mild (Mild)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:24:35
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:48:21

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:36:12
User entered 'Mild (Mild)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 05:53:09
User closed query 'In the paper source that is uploaded, "cough" severity is not completed. Please review and reconcile. ' (Site from CRA).	(b) (4), (b) (6)	07 Nov 2020 03:50:57
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
Query 'In the paper source that is uploaded, "cough" severity is not completed. Please review and reconcile. ' answered with 'Paper source with late entry has been uploaded. ' (Site from CRA).	Joanna Gurrola (b) (4)	03 Nov 2020 13:50:04
User opened query 'In the paper source that is uploaded, "cough" severity is not completed. Please review and reconcile. ' (Site from CRA).	(b) (4), (b) (6)	22 Oct 2020 17:37:27
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:24:35

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:48:21

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:37:31
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:24:35
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:48:21

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:37:34
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:24:35

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:48:21

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:36:20
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered 'None (None)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:37:51
User entered 'Moderate (Moderate)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:24:35
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:48:21

Muscle Aches (Myalgia)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:36:22
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered 'None (None)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:38:04
User entered 'Mild (Mild)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:24:35
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:48:21

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:36:23
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered 'None (None)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:38:52
User entered 'Mild (Mild)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:24:35
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:48:21

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:36:24
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered 'Mild (Mild)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
DataPoint inactivated with code reason code Data not required.	(b) (4)	09 Nov 2020 05:43:53
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:38:55
User entered 'Moderate (Moderate)'	(b) (4), (b) (6)	22 Oct 2020 17:38:55
	Joanna Gurrola (b) (4)	21 Oct 2020 19:24:35
	(b) (4)	21 Oct 2020 19:24:35

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:38:58
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:24:35
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:39:01
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:24:35

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:48:21

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:36:26
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered 'None (None)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:39:04
User entered 'Moderate (Moderate)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:24:35
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:48:21

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:36:27
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:43:53
User entered 'None (None)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 05:43:53
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:39:09
User entered 'Mild (Mild)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:24:35
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:48:21

[Nausea](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:39:13
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:24:35
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:48:21

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:39:21
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:24:35
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:48:21

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:39:29
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:24:35
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (3)

Generated On: 26 Nov 2020 10:48:21

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:39:38
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:24:35
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:48:21

[Symptom Day](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered 'Day 4 (Day 4)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:27:01

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:48:21

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:39:13
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:53:09
User entered '16 Aug 2020' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 05:53:09
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:52:09
User entered '20 Aug 2020'	Joanna Gurrola (b) (4)	21 Oct 2020 19:27:01
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:48:21

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:39:30
DataPoint Un-verified.	(b) (4), (b) (6)	21 Nov 2020 17:39:15
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:52:14
User entered '0'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 19:27:01

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:39:17
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:53:09
User entered empty; reason for change Data Entry Error	(b) (4)	09 Nov 2020 05:53:09
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 05:53:09
DataPoint inactivated with code reason code Data not required.	(b) (4)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered '98'	(b) (4), (b) (6)	22 Oct 2020 17:53:58
	Joanna Gurrola (b) (4)	21 Oct 2020 19:27:01
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered empty.	System	09 Nov 2020 05:53:09
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered '%'	System	21 Oct 2020 19:27:01

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:48:21

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:39:18
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:53:09
User entered empty; reason for change Data Entry Error	(b) (4)	09 Nov 2020 05:53:09
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 05:53:09
DataPoint inactivated with code reason code Data not required.	(b) (4)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered '97' F	(b) (4), (b) (6)	22 Oct 2020 17:54:00
	Joanna Gurrola (b) (4)	21 Oct 2020 19:27:01
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:48:21

[Chills](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:54:03
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:27:01
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:48:21

[Cough](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:54:07
User entered 'Mild (Mild)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:27:01
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:48:21

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:54:09
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:27:01
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:48:21

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:54:14
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:27:01
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:48:21

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:39:24
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:53:09
User entered 'None (None)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 05:53:09
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:54:18
User entered 'Mild (Mild)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:27:01
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:48:21

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:54:24
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:27:01
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:48:21

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:54:27
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:27:01
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:48:21

[Headache](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:54:30
User entered 'Mild (Mild)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:27:01
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:54:35
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:27:01
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:54:39
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:27:01
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:48:21

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:54:44
User entered 'Mild (Mild)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:27:01
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:48:21

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:54:47
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:27:01
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:48:21

[Nausea](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:54:51
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:27:01
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:48:21

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:54:59
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:27:01
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:48:21

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:55:01
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:27:01
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (4)

Generated On: 26 Nov 2020 10:48:21

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:55:08
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 19:27:01

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:48:21

[Symptom Day](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered 'Day 5 (Day 5)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:55:12

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:48:21

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:40:08
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:53:09
User entered '17 Aug 2020' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 05:53:09
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:57:54
User entered '21 Aug 2020'	Joanna Gurrola (b) (4)	21 Oct 2020 21:55:12
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:48:21

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:57:57
User entered '0'	Joanna Gurrola (b) (4)	21 Oct 2020 21:55:12
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:40:13
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:53:09
User entered '98' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 05:53:09
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:57:59
User entered '99'	Joanna Gurrola (b) (4)	21 Oct 2020 21:55:12

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation Units](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered '%'	System	21 Oct 2020 21:55:12

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:48:21

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:40:14
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:53:09
User entered '99.1' F reason for change: Data Entry Error	(b) (4)	09 Nov 2020 05:53:09
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 05:53:09
DataPoint inactivated with code reason code Data not required.	(b) (4)	09 Nov 2020 05:53:09
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:58:01
User entered '98.7' F	Joanna Gurrola (b) (4)	21 Oct 2020 21:55:12
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:48:21

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:40:33
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:53:09
User entered 'Mild (Mild)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 05:53:09
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 05:53:09
DataPoint inactivated with code reason code Data not required.	(b) (4)	09 Nov 2020 05:53:09
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:58:06
User entered 'None (None)'	(b) (4), (b) (6)	22 Oct 2020 17:58:06
	Joanna Gurrola (b) (4)	21 Oct 2020 21:55:12
	(b) (4)	21 Oct 2020 21:55:12

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:48:21

[Cough](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:58:08
User entered 'Mild (Mild)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:55:12
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:48:21

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:58:11
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:55:12
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:48:21

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:58:14
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:55:12
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:48:21

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:41:02
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:53:09
User entered 'Mild (Mild)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 05:53:09
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:58:16
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:55:12
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:48:21

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:41:06
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:53:09
User entered 'Moderate (Moderate)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 05:53:09
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 05:53:09
DataPoint inactivated with code reason code Data not required.	(b) (4)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered 'None (None)'	(b) (4), (b) (6)	22 Oct 2020 17:58:19
	Joanna Gurrola (b) (4)	21 Oct 2020 21:55:12
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:48:21

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:41:11
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:53:09
User entered 'Moderate (Moderate)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 05:53:09
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 05:53:09
DataPoint inactivated with code reason code Data not required.	(b) (4)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered 'None (None)'	(b) (4), (b) (6)	22 Oct 2020 17:58:22
	Joanna Gurrola (b) (4)	21 Oct 2020 21:55:12
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:48:21

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:41:18
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:53:09
User entered 'Moderate (Moderate)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 05:53:09
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 05:53:09
DataPoint inactivated with code reason code Data not required.	(b) (4)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered 'Mild (Mild)'	(b) (4), (b) (6)	22 Oct 2020 17:58:26
	(b) (4)	21 Oct 2020 21:55:12

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:58:30
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:55:12
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:58:35
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:55:12

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:48:21

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:58:40
User entered 'Mild (Mild)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:55:12
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:48:21

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:41:37
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:53:09
User entered 'Mild (Mild)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 05:53:09
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:58:57
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:55:12
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:48:21

[Nausea](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:59:00
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:55:12
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:48:21

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:59:03
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:55:12
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:48:21

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:59:06
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:55:12
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (5)

Generated On: 26 Nov 2020 10:48:21

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:41:40
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:53:09
User entered 'Mild (Mild)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 05:53:09
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:59:08
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:55:12
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:48:21

[Symptom Day](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered 'Day 6 (Day 6)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:57:28

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:48:21

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:50:03
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
User entered '18 Aug 2020' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 06:05:20
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:17:48
User entered '22 Aug 2020'	Joanna Gurrola (b) (4)	21 Oct 2020 21:57:28
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:48:21

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:17:50
User entered '0'	Joanna Gurrola (b) (4)	21 Oct 2020 21:57:28
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:52:19
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
User entered '99' reason for change: Data Entry Error	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:17:56
User entered '98'	Joanna Gurrola (b) (4)	21 Oct 2020 21:57:28
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation Units](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered '%'	System	21 Oct 2020 21:57:28

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:48:21

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:52:18
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
User entered '98.9' F reason for change: Data Entry Error	(b) (4)	09 Nov 2020 06:05:20
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
DataPoint inactivated with code reason code Data not required.	(b) (4)	09 Nov 2020 06:05:20
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:17:57
User entered '98.1' F	Joanna Gurrola (b) (4)	21 Oct 2020 21:57:28
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:48:21

[Chills](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:17:59
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:57:28
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:48:21

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:52:21
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
User entered 'Moderate (Moderate)' reason for change: Data Entry Error	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
DataPoint activated with code reason code Data required.	(b) (4)	
	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
	(b) (4), (b) (6)	
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:18:01
User entered 'Mild (Mild)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:57:28
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:48:21

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:18:09
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:57:28
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:48:21

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:18:11
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:57:28
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:48:21

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:52:32
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
User entered 'Mild (Mild)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 06:05:20
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
DataPoint inactivated with code reason code Data not required.	(b) (4)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered 'None (None)'	(b) (4), (b) (6)	22 Oct 2020 18:18:13
	Joanna Gurrola (b) (4)	21 Oct 2020 21:57:28
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:48:21

Muscle Aches (Myalgia)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:52:47
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
User entered 'Mild (Mild)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 06:05:20
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
DataPoint inactivated with code reason code Data not required.	(b) (4)	09 Nov 2020 06:05:20
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:18:16
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:57:28
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:48:21

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:18:21
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:57:28
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:48:21

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:52:56
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
User entered 'Moderate (Moderate)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 06:05:20
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
DataPoint inactivated with code reason code Data not required.	(b) (4)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered 'None (None)'	(b) (4), (b) (6)	22 Oct 2020 18:18:24
	Joanna Gurrola (b) (4)	21 Oct 2020 21:57:28
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:18:29
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:57:28
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:18:38
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:57:28
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:48:21

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:53:15
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
User entered 'Moderate (Moderate)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 06:05:20
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
DataPoint inactivated with code reason code Data not required.	(b) (4)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered 'None (None)'	(b) (4), (b) (6)	22 Oct 2020 18:18:44
	Joanna Gurrola (b) (4)	21 Oct 2020 21:57:28
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:48:21

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:53:23
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
User entered 'Mild (Mild)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 06:05:20
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
DataPoint inactivated with code reason code Data not required.	(b) (4)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered 'None (None)'	(b) (4), (b) (6)	22 Oct 2020 18:18:48
	Joanna Gurrola (b) (4)	21 Oct 2020 21:57:28
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:48:21

[Nausea](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:18:52
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:57:28
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:48:21

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:18:54
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:57:28
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:48:21

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:18:55
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:57:28
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (6)

Generated On: 26 Nov 2020 10:48:21

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:18:57
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:57:28
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:48:21

[Symptom Day](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered 'Day 7 (Day 7)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:59:46

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:48:21

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:53:37
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
User entered '19 Aug 2020' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 06:05:20
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:21:10
User entered '23 Aug 2020'	Joanna Gurrola (b) (4)	21 Oct 2020 21:59:46
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:48:21

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:24:37
User entered '0'	Joanna Gurrola (b) (4)	21 Oct 2020 21:59:46
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:53:49
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
User entered '99' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:24:48
User entered '98'	Joanna Gurrola (b) (4)	21 Oct 2020 21:59:46

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation Units](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered '%'	System	21 Oct 2020 21:59:46

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:48:21

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:53:50
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
User entered '98.6' F reason for change: Data Entry Error	(b) (4)	09 Nov 2020 06:05:20
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
DataPoint inactivated with code reason code Data not required.	(b) (4)	09 Nov 2020 06:05:20
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:24:49
User entered '97.9' F	Joanna Gurrola (b) (4)	21 Oct 2020 21:59:46
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:48:21

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:53:53
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
User entered 'Mild (Mild)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 06:05:20
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
DataPoint inactivated with code reason code Data not required.	(b) (4)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered 'None (None)'	(b) (4), (b) (6)	22 Oct 2020 18:25:01
	Joanna Gurrola (b) (4)	21 Oct 2020 21:59:46
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:48:21

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:53:56
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
User entered 'None (None)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 06:05:20
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:25:04
User entered 'Mild (Mild)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:59:46
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:48:21

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:25:09
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:59:46

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:48:21

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:25:11
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:59:46
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:48:21

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:54:02
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
User entered 'Moderate (Moderate)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 06:05:20
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
DataPoint inactivated with code reason code Data not required.	(b) (4)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered 'None (None)'	(b) (4), (b) (6)	22 Oct 2020 18:25:14
	Joanna Gurrola (b) (4)	21 Oct 2020 21:59:46
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:48:21

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:54:05
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
User entered 'Mild (Mild)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 06:05:20
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:25:18
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:59:46
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:48:21

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:56:25
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
User entered 'Mild (Mild)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 06:05:20
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
DataPoint inactivated with code reason code Data not required.	(b) (4)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered 'None (None)'	(b) (4), (b) (6)	22 Oct 2020 18:25:23
	Joanna Gurrola (b) (4)	21 Oct 2020 21:59:46
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:48:21

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:56:27
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
User entered 'Moderate (Moderate)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 06:05:20
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
DataPoint inactivated with code reason code Data not required.	(b) (4)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered 'None (None)'	(b) (4), (b) (6)	22 Oct 2020 18:25:26
	Joanna Gurrola (b) (4)	21 Oct 2020 21:59:46
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:25:31
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:59:46
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:25:37
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:59:46

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:48:21

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:56:32
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
User entered 'Moderate (Moderate)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 06:05:20
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
DataPoint inactivated with code reason code Data not required.	(b) (4)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered 'None (None)'	(b) (4), (b) (6)	22 Oct 2020 18:25:41
	Joanna Gurrola (b) (4)	21 Oct 2020 21:59:46
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:48:21

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:56:35
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
User entered 'Mild (Mild)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 06:05:20
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
DataPoint inactivated with code reason code Data not required.	(b) (4)	09 Nov 2020 06:05:20
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:25:46
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:59:46
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:48:21

[Nausea](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:25:49
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:59:46
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:48:21

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:25:52
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:59:46
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:48:21

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:25:54
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:59:46

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (7)

Generated On: 26 Nov 2020 10:48:21

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:25:58
User entered 'Mild (Mild)'	Joanna Gurrola (b) (4)	21 Oct 2020 21:59:46
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:48:21

[Symptom Day](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered 'Day 8 (Day 8)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:01:46

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:48:21

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:56:55
User entered '20 Aug 2020' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
User closed query 'In source for Visit Day 8, the Covid-19 Contact date is 24AUG2020, however the symptom log day is dated 25AUG2020, as well as the section for "Daily Telemedicine Visit" is also dated 25AUG2020. Please review and clarify source for the date that of this assessment. ' (Site from CRA).	(b) (4), (b) (6)	07 Nov 2020 03:51:14
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
Query 'In source for Visit Day 8, the Covid-19 Contact date is 24AUG2020, however the symptom log day is dated 25AUG2020, as well as the section for "Daily Telemedicine Visit" is also dated 25AUG2020. Please review and clarify source for the date that of this assessment. ' answered with 'this has been corrected.' (Site from CRA).	Joanna Gurrola (b) (4)	03 Nov 2020 13:54:54
User opened query 'In source for Visit Day 8, the Covid-19 Contact date is 24AUG2020, however the symptom log day is dated 25AUG2020, as well as the section for "Daily Telemedicine Visit" is also dated 25AUG2020. Please review and clarify source for the date that of this assessment. ' (Site from CRA).	(b) (4), (b) (6)	27 Oct 2020 18:10:08
Query 'Entries for this page in source are all dated 25AUG2020. Please review and confirm if assessments were completed on this date. ' canceled (Site from CRA).	(b) (4), (b) (6)	27 Oct 2020 18:09:00
DataPoint Un-verified.	(b) (4), (b) (6)	27 Oct 2020 18:08:47
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 18:01:55
User opened query 'Entries for this page in source are all dated 25AUG2020. Please review and confirm if assessments were completed on this date. ' (Site from CRA).	(b) (4), (b) (6)	22 Oct 2020 18:33:05
User entered '24 Aug 2020'	Joanna Gurrola (b) (4)	21 Oct 2020 22:01:46

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:48:21

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:58:17
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Un-verified.	(b) (4), (b) (6)	27 Oct 2020 18:08:49
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 18:05:09
User entered '0'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:01:46

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:58:15
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Un-verified.	(b) (4), (b) (6)	27 Oct 2020 18:08:50
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 18:05:12
User entered '98'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:01:46

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation Units](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered '%'	System	21 Oct 2020 22:01:46

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:48:21

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:58:19
User entered '97' F reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
DataPoint activated with code reason code Data required.	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Un-verified.	(b) (4), (b) (6)	27 Oct 2020 18:08:54
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 18:05:15
User entered '98.1' F	Joanna Gurrola (b) (4)	21 Oct 2020 22:01:46
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:48:21

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:58:21
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Un-verified.	(b) (4), (b) (6)	27 Oct 2020 18:08:56
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 18:05:19
User entered 'None (None)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:01:46

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:48:21

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:58:23
User entered 'Mild (Mild)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
DataPoint activated with code reason code Data required.	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Un-verified.	(b) (4), (b) (6)	27 Oct 2020 18:08:57
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 18:05:20
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:01:46
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:48:21

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:58:25
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Un-verified.	(b) (4), (b) (6)	27 Oct 2020 18:10:10
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 18:05:23
User entered 'None (None)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:01:46

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:48:21

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:58:30
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Un-verified.	(b) (4), (b) (6)	27 Oct 2020 18:10:11
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 18:05:25
User entered 'None (None)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:01:46

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:48:21

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:58:33
User entered 'Mild (Mild)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
DataPoint activated with code reason code Data required.	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Un-verified.	(b) (4), (b) (6)	27 Oct 2020 18:10:13
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 18:05:26
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:01:46
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:48:21

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:58:36
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Un-verified.	(b) (4), (b) (6)	27 Oct 2020 18:10:14
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 18:05:30
User entered 'None (None)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:01:46

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:48:21

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:58:38
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Un-verified.	(b) (4), (b) (6)	27 Oct 2020 18:10:15
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 18:05:32
User entered 'None (None)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:01:46

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:48:21

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:58:42
User entered 'Mild (Mild)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
DataPoint activated with code reason code Data required.	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Un-verified.	(b) (4), (b) (6)	27 Oct 2020 18:10:17
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 18:05:35
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:01:46
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:58:47
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Un-verified.	(b) (4), (b) (6)	27 Oct 2020 18:10:19
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 18:05:37
User entered 'None (None)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:01:46

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:58:50
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Un-verified.	(b) (4), (b) (6)	27 Oct 2020 18:10:20
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 18:05:38
User entered 'None (None)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:01:46

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:48:21

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:58:53
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Un-verified.	(b) (4), (b) (6)	27 Oct 2020 18:10:22
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 18:05:44
User entered 'None (None)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:01:46

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:48:21

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:58:57
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Un-verified.	(b) (4), (b) (6)	27 Oct 2020 18:10:23
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 18:05:47
User entered 'None (None)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:01:46

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:48:21

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:59:00
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Un-verified.	(b) (4), (b) (6)	27 Oct 2020 18:10:24
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 18:05:49
User entered 'None (None)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:01:46

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:48:21

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:59:02
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Un-verified.	(b) (4), (b) (6)	27 Oct 2020 18:10:26
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 18:05:51
User entered 'None (None)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:01:46

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:48:21

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:59:04
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Un-verified.	(b) (4), (b) (6)	27 Oct 2020 18:10:27
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 18:05:53
User entered 'None (None)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:01:46

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (8)

Generated On: 26 Nov 2020 10:48:21

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 17:59:07
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Un-verified.	(b) (4), (b) (6)	27 Oct 2020 18:10:29
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 18:05:55
User entered 'None (None)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:01:46

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:48:21

[Symptom Day](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered 'Day 9 (Day 9)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:03:50

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:48:21

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:56:05
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
User entered '21 Aug 2020' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 06:05:20
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
DataPoint inactivated with code reason code Data not required.	(b) (4)	09 Nov 2020 06:05:20
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
User entered '25 Aug 2020'	(b) (4), (b) (6)	05 Nov 2020 00:50:50
	(b) (4), (b) (6)	05 Nov 2020 00:50:29
	(b) (4), (b) (6)	22 Oct 2020 18:34:19
	(b) (4), (b) (6)	21 Oct 2020 22:03:50
	Joanna Gurrola (b) (4)	21 Oct 2020 22:03:50
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:48:21

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:44:22
User entered '0'	Joanna Gurrola (b) (4)	21 Oct 2020 22:03:50
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:56:09
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
User entered '99' reason for change: Data Entry Error	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:44:20
User entered '98'	Joanna Gurrola (b) (4)	21 Oct 2020 22:03:50
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation Units](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered '%'	System	21 Oct 2020 22:03:50

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:48:21

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:56:11
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
User entered '98.7' F reason for change: Data Entry Error	(b) (4)	09 Nov 2020 06:05:20
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
DataPoint inactivated with code reason code Data not required.	(b) (4)	09 Nov 2020 06:05:20
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
User entered '98.1' F	(b) (4), (b) (6)	05 Nov 2020 00:50:29
	(b) (4), (b) (6)	05 Nov 2020 00:50:29
	(b) (4), (b) (6)	22 Oct 2020 18:44:24
	(b) (4), (b) (6)	22 Oct 2020 18:44:24
	Joanna Gurrola (b) (4)	21 Oct 2020 22:03:50
	(b) (4)	21 Oct 2020 22:03:50

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:48:21

[Chills](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:44:26
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:03:50

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:48:21

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:56:14
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
User entered 'Mild (Mild)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 06:05:20
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
DataPoint inactivated with code reason code Data not required.	(b) (4)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered 'None (None)'	(b) (4), (b) (6)	22 Oct 2020 18:44:27
	Joanna Gurrola (b) (4)	21 Oct 2020 22:03:50
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:48:21

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:44:31
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:03:50

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:48:21

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:44:37
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:03:50

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:48:21

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:44:40
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:03:50

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:48:21

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:44:45
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:03:50
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:48:21

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:44:48
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:03:50

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:48:21

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:56:43
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
User entered 'Mild (Mild)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 06:05:20
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
DataPoint inactivated with code reason code Data not required.	(b) (4)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered 'None (None)'	(b) (4), (b) (6)	22 Oct 2020 18:44:50
	Joanna Gurrola (b) (4)	21 Oct 2020 22:03:50
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:56:48
DataPoint Un-verified.	(b) (4), (b) (6)	11 Nov 2020 15:56:46
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:44:51
User entered 'None (None)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:03:50

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:44:54
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:03:50

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:48:21

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:44:59
User entered 'Mild (Mild)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:03:50
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:48:21

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:45:03
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:03:50

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:48:21

[Nausea](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:45:07
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:03:50

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:48:21

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:45:10
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:03:50

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:48:21

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:45:12
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:03:50

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (9)

Generated On: 26 Nov 2020 10:48:21

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:45:15
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:03:50

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:48:21

[Symptom Day](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered 'Day 10 (Day 10)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:05:41

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:48:21

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:57:21
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
User entered '22 Aug 2020' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 06:05:20
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
DataPoint inactivated with code reason code Data not required.	(b) (4)	09 Nov 2020 06:05:20
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
User entered '26 Aug 2020'	(b) (4), (b) (6)	05 Nov 2020 00:50:50
	(b) (4), (b) (6)	05 Nov 2020 00:50:29
	(b) (4), (b) (6)	22 Oct 2020 18:48:13
	(b) (4), (b) (6)	21 Oct 2020 22:05:41
	Joanna Gurrola (b) (4)	21 Oct 2020 22:05:41
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:48:21

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:48:16
User entered '0'	Joanna Gurrola (b) (4)	21 Oct 2020 22:05:41

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:48:20
User entered '98'	Joanna Gurrola (b) (4)	21 Oct 2020 22:05:41
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation Units](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered '%'	System	21 Oct 2020 22:05:41

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:48:21

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:57:28
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
User entered '98.1' F reason for change: Data Entry Error	(b) (4)	09 Nov 2020 06:05:20
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
DataPoint inactivated with code reason code Data not required.	(b) (4)	09 Nov 2020 06:05:20
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:48:23
User entered '97.8' F	(b) (4), (b) (6)	22 Oct 2020 18:48:23
	Joanna Gurrola (b) (4)	21 Oct 2020 22:05:41
	(b) (4)	21 Oct 2020 22:05:41

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:48:21

[Chills](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:48:38
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:05:41

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:48:21

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:57:37
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
User entered 'Mild (Mild)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 06:05:20
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
DataPoint inactivated with code reason code Data not required.	(b) (4)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered 'None (None)'	(b) (4), (b) (6)	22 Oct 2020 18:48:39
	Joanna Gurrola (b) (4)	21 Oct 2020 22:05:41
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:48:21

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:48:41
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:05:41
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:48:21

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:48:43
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:05:41

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:48:21

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:48:48
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:05:41

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:48:21

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:48:50
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:05:41
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:48:21

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:48:52
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:05:41

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:48:21

[Headache](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:48:54
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:05:41

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:48:55
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:05:41

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:48:57
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:05:41

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:48:21

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:48:59
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:05:41

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:48:21

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:49:01
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:05:41
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:48:21

[Nausea](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:49:04
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:05:41

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:48:21

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:49:06
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:05:41

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:48:21

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:49:11
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:05:41

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (10)

Generated On: 26 Nov 2020 10:48:21

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:58:15
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 06:05:20
User entered 'None (None)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 06:05:20
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:49:12
User entered 'Mild (Mild)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:05:41
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:48:21

[Symptom Day](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered 'Day 11 (Day 11)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:07:34

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:48:21

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:58:34
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
User entered '23 Aug 2020' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 06:59:49
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
DataPoint inactivated with code reason code Data not required.	(b) (4)	09 Nov 2020 06:59:49
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered '27 Aug 2020'	(b) (4), (b) (6)	22 Oct 2020 18:56:05
	Joanna Gurrola (b) (4)	21 Oct 2020 22:07:34
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:48:21

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:56:07
User entered '0'	Joanna Gurrola (b) (4)	21 Oct 2020 22:07:34
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:56:08
User entered '98'	Joanna Gurrola (b) (4)	21 Oct 2020 22:07:34
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation Units](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered '%'	System	21 Oct 2020 22:07:34

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:48:21

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:58:43
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
User entered '97.9' F reason for change: Data Entry Error	(b) (4)	09 Nov 2020 06:59:49
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
DataPoint inactivated with code reason code Data not required.	(b) (4)	09 Nov 2020 06:59:49
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:56:11
User entered '97.6' F	Joanna Gurrola (b) (4)	21 Oct 2020 22:07:34
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:48:21

[Chills](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:56:13
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:07:34
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:48:21

[Cough](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:56:20
User entered 'Mild (Mild)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:07:34
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:48:21

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:56:25
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:07:34
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:48:21

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:56:27
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:07:34
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:48:21

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:56:31
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:07:34
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:48:21

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:56:35
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:07:34
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:48:21

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:56:38
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:07:34
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:48:21

[Headache](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:56:41
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:07:34

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:56:48
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:07:34
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:56:59
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:07:34
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:48:21

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:57:02
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:07:34
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:48:21

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:57:07
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:07:34
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:48:21

[Nausea](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:57:13
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:07:34

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:48:21

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:57:16
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:07:34
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:48:21

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:57:20
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:07:34
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (11)

Generated On: 26 Nov 2020 10:48:21

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:59:32
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
User entered 'Mild (Mild)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 06:59:49
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
DataPoint inactivated with code reason code Data not required.	(b) (4)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered 'None (None)'	(b) (4), (b) (6)	22 Oct 2020 18:57:25
	Joanna Gurrola (b) (4)	21 Oct 2020 22:07:34
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:48:21

[Symptom Day](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered 'Day 12 (Day 12)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:10:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:48:21

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:59:45
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
User entered '24 Aug 2020' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 06:59:49
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
DataPoint inactivated with code reason code Data not required.	(b) (4)	09 Nov 2020 06:59:49
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered '28 Aug 2020'	(b) (4), (b) (6)	22 Oct 2020 18:57:56
	Joanna Gurrola (b) (4)	21 Oct 2020 22:10:19
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:48:21

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:58:00
User entered '0'	Joanna Gurrola (b) (4)	21 Oct 2020 22:10:19
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:58:04
User entered '98'	Joanna Gurrola (b) (4)	21 Oct 2020 22:10:19
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation Units](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered '%'	System	21 Oct 2020 22:10:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:48:21

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 15:59:57
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
User entered '98.1' F reason for change: Data Entry Error	(b) (4)	09 Nov 2020 06:59:49
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
DataPoint inactivated with code reason code Data not required.	(b) (4)	09 Nov 2020 06:59:49
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:58:07
User entered '97.5' F	(b) (4), (b) (6)	22 Oct 2020 18:58:07
	Joanna Gurrola (b) (4)	21 Oct 2020 22:10:19
	(b) (4)	21 Oct 2020 22:10:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:48:21

[Chills](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:58:12
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:10:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:48:21

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:00:23
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
User entered 'None (None)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 06:59:49
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
DataPoint inactivated with code reason code Data not required.	(b) (4)	09 Nov 2020 06:59:49
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered 'Mild (Mild)'	(b) (4), (b) (6)	22 Oct 2020 18:58:14
	Joanna Gurrola (b) (4)	21 Oct 2020 22:10:19
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:48:21

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:58:17
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:10:19
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:48:21

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:58:21
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:10:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:48:21

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:58:24
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:10:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:48:21

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:58:26
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:10:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:48:21

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:58:30
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:10:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:48:21

[Headache](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:58:41
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:10:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:59:55
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:10:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 18:59:57
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:10:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:48:21

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:00:07
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:10:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:48:21

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:00:18
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:10:19
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:48:21

[Nausea](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:00:16
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:10:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:48:21

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:00:14
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:10:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:48:21

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:00:11
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:10:19
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (12)

Generated On: 26 Nov 2020 10:48:21

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:00:21
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:10:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:48:21

[Symptom Day](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered 'Day 13 (Day 13)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:12:13

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:48:21

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:08:25
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered '25 Aug 2020' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint inactivated with code reason code Data not required.	(b) (4)	09 Nov 2020 07:04:47
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:00:40
User entered '29 Aug 2020'	Joanna Gurrola (b) (4)	21 Oct 2020 22:12:13
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:48:21

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:00:43
User entered '0'	Joanna Gurrola (b) (4)	21 Oct 2020 22:12:13
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:08:28
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered '98' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint inactivated with code reason code Data not required.	(b) (4)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered '96'	(b) (4), (b) (6)	22 Oct 2020 19:00:45
	Joanna Gurrola (b) (4)	21 Oct 2020 22:12:13
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation Units](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered '%'	System	21 Oct 2020 22:12:13

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:48:21

[Temperature](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:00:47
User entered '98.1' F	Joanna Gurrola (b) (4)	21 Oct 2020 22:12:13
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:48:21

[Chills](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:00:52
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:12:13
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:48:21

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:08:34
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered 'None (None)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:00:56
User entered 'Mild (Mild)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:12:13
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:48:21

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:01:01
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:12:13
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:48:21

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:01:06
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:12:13
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:48:21

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:01:08
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:12:13
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:48:21

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:01:11
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:12:13
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:48:21

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:01:15
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:12:13
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:48:21

[Headache](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:01:18
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:12:13
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:01:21
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:12:13
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:02:02
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:12:13
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:48:21

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:02:04
User entered 'Mild (Mild)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:12:13
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:48:21

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:02:16
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:12:13
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:48:21

[Nausea](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:02:19
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:12:13
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:48:21

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:02:21
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:12:13
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:48:21

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:02:23
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:12:13
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (13)

Generated On: 26 Nov 2020 10:48:21

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:02:24
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:12:13

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:48:21

[Symptom Day](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered 'Day 14 (Day 14)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:13:18

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:48:21

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:09:40
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered '26 Aug 2020' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint inactivated with code reason code Data not required.	(b) (4)	09 Nov 2020 07:04:47
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint Un-verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:10:25
DataPoint Un-verified.	(b) (4), (b) (6)	22 Oct 2020 19:10:11
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:04:02
User entered '30 Aug 2020'	Joanna Gurrola (b) (4)	21 Oct 2020 22:13:18
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:48:21

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:09:42
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered '0' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:48:57
User entered '1' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	03 Nov 2020 14:08:12
DataPoint Un-verified.	(b) (4)	27 Oct 2020 18:21:25
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:10:27
DataPoint Un-verified.	(b) (4), (b) (6)	22 Oct 2020 19:10:13
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:04:03
User entered '0'	Joanna Gurrola (b) (4)	21 Oct 2020 22:13:18
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:10:12
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered '98' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:04:08
User entered empty.	Joanna Gurrola (b) (4)	21 Oct 2020 22:13:18

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered empty.	System	21 Oct 2020 22:13:18

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:48:21

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:10:14
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered '97.8' F reason for change: Data Entry Error	(b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint inactivated with code reason code Data not required.	(b) (4)	09 Nov 2020 07:04:47
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:04:29
User entered empty.	Joanna Gurrola (b) (4)	21 Oct 2020 22:13:18
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:48:21

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:10:16
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered 'None (None)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint inactivated with code reason code Data not required.	(b) (4)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User closed query 'Per source, severity assessment is not completed for symptoms. Please confirm if you can change the answer to "Not Done". ' (Site from CRA).	(b) (4), (b) (6)	05 Nov 2020 00:48:54
Query 'Per source, severity assessment is not completed for symptoms. Please confirm if you can change the answer to "Not Done". ' answered with 'this has been completed for all. ' (Site from CRA).	(b) (4), (b) (6)	05 Nov 2020 00:48:52
User entered 'Not Done (Not Done)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	03 Nov 2020 14:07:39
User opened query 'Per source, severity assessment is not completed for symptoms. Please confirm if you can change the answer to "Not Done". ' (Site from CRA).	(b) (4)	03 Nov 2020 14:07:24
DataPoint Un-verified.	Joanna Gurrola (b) (4)	03 Nov 2020 14:07:24
DataPoint Verified.	(b) (4)	22 Oct 2020 19:09:14
User entered 'None (None)'	(b) (4), (b) (6)	22 Oct 2020 19:04:58
	(b) (4)	22 Oct 2020 19:04:31
	Joanna Gurrola (b) (4)	21 Oct 2020 22:13:18
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:48:21

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:10:20
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered 'None (None)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint inactivated with code reason code Data not required.	(b) (4)	05 Nov 2020 00:50:50
User closed query 'Per source, severity assessment is not completed for any symptoms. Please confirm if you can change the answer to "Not Done" and reevaluate the answers below. ? ' (Site from CRA).	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:49:03
Query 'Per source, severity assessment is not completed for any symptoms. Please confirm if you can change the answer to "Not Done" and reevaluate the answers below. ? ' answered with 'this has been completed for all. ' (Site from CRA).	(b) (4), (b) (6)	05 Nov 2020 00:48:59
User entered 'Not Done (Not Done)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	03 Nov 2020 14:07:41
User opened query 'Per source, severity assessment is not completed for any symptoms. Please confirm if you can change the answer to "Not Done" and reevaluate the answers below. ? ' (Site from CRA).	(b) (4)	03 Nov 2020 14:07:24
DataPoint Un-verified.	(b) (4), (b) (6)	22 Oct 2020 19:09:43
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:05:00
User entered 'None (None)'	(b) (4), (b) (6)	22 Oct 2020 19:04:34
	Joanna Gurrola (b) (4)	21 Oct 2020 22:13:18
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:48:21

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:10:24
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered 'None (None)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint inactivated with code reason code Data not required.	(b) (4)	09 Nov 2020 07:04:47
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:49:01
User entered 'Not Done (Not Done)' reason for change: Data Entry Error	(b) (4)	05 Nov 2020 00:49:01
DataPoint Un-verified.	Joanna Gurrola (b) (4)	03 Nov 2020 14:07:24
DataPoint Verified.	(b) (4)	03 Nov 2020 14:07:24
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:05:02
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:04:38
User entered 'None (None)'	(b) (4)	22 Oct 2020 19:04:38
	Joanna Gurrola (b) (4)	21 Oct 2020 22:13:18
	(b) (4)	21 Oct 2020 22:13:18

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:48:21

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:10:27
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered 'None (None)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint inactivated with code reason code Data not required.	(b) (4)	09 Nov 2020 07:04:47
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:49:04
User entered 'Not Done (Not Done)' reason for change: Data Entry Error	(b) (4)	05 Nov 2020 00:49:04
DataPoint Un-verified.	Joanna Gurrola (b) (4)	03 Nov 2020 14:07:24
DataPoint Un-verified.	(b) (4)	03 Nov 2020 14:07:24
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:05:04
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:05:04
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:04:50
User entered 'None (None)'	(b) (4)	22 Oct 2020 19:04:50
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:13:18
User entered 'None (None)'	(b) (4)	21 Oct 2020 22:13:18

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:48:21

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:10:29
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered 'None (None)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint inactivated with code reason code Data not required.	(b) (4)	09 Nov 2020 07:04:47
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:49:06
User entered 'Not Done (Not Done)' reason for change: Data Entry Error	(b) (4)	05 Nov 2020 00:49:06
DataPoint Un-verified.	Joanna Gurrola (b) (4)	03 Nov 2020 14:07:24
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:05:06
User entered 'None (None)'	(b) (4)	22 Oct 2020 19:04:52
	Joanna Gurrola (b) (4)	21 Oct 2020 22:13:18
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:48:21

Muscle Aches (Myalgia)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:10:31
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered 'None (None)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint inactivated with code reason code Data not required.	(b) (4)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered 'Not Done (Not Done)' reason for change: Data Entry Error	(b) (4), (b) (6)	05 Nov 2020 00:49:08
DataPoint Un-verified.	(b) (4), (b) (6)	03 Nov 2020 14:07:24
DataPoint Verified.	Joanna Gurrola (b) (4)	22 Oct 2020 19:05:08
User entered 'None (None)'	(b) (4)	22 Oct 2020 19:04:54
	(b) (4), (b) (6)	21 Oct 2020 22:13:18
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:48:21

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:10:34
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered 'None (None)' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint inactivated with code reason code Data not required.	(b) (4)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered 'Not Done (Not Done)' reason for change: Data Entry Error	(b) (4), (b) (6)	05 Nov 2020 00:49:09
User entered 'None (None)'	(b) (4), (b) (6)	05 Nov 2020 00:49:09
	Joanna Gurrola (b) (4)	03 Nov 2020 14:07:24
	(b) (4)	03 Nov 2020 14:07:24
	Joanna Gurrola (b) (4)	21 Oct 2020 22:13:18
	(b) (4)	21 Oct 2020 22:13:18

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:48:21

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:10:37
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:49:13
User entered 'Not Done (Not Done)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	03 Nov 2020 14:07:24
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:13:18

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:10:41
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:49:12
User entered 'Not Done (Not Done)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	03 Nov 2020 14:07:24
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:13:18

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:10:44
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:49:15
User entered 'Not Done (Not Done)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	03 Nov 2020 14:07:24
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:13:18

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:48:21

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:10:47
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:49:16
User entered 'Not Done (Not Done)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	03 Nov 2020 14:07:24
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:13:18

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:48:21

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:10:51
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:49:18
User entered 'Not Done (Not Done)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	03 Nov 2020 14:07:24
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:13:18

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:48:21

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:10:58
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:49:20
User entered 'Not Done (Not Done)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	03 Nov 2020 14:07:24
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:13:18

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:48:21

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:10:56
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:49:22
User entered 'Not Done (Not Done)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	03 Nov 2020 14:07:24
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:13:18

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:48:21

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:10:54
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:49:24
User entered 'Not Done (Not Done)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	03 Nov 2020 14:07:24
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:13:18

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (14)

Generated On: 26 Nov 2020 10:48:21

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:10:53
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered 'Mild (Mild)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:49:25
User entered 'Not Done (Not Done)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	03 Nov 2020 14:07:24
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:13:18

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:48:21

[Symptom Day](#)

Audit	User	Time (GMT)
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered 'Day 15 (Day 15)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:15:48

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:48:21

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:11:23
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered '27 Aug 2020' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint inactivated with code reason code Data not required.	(b) (4)	09 Nov 2020 07:04:47
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
User entered '31 Aug 2020'	(b) (4), (b) (6)	05 Nov 2020 00:50:50
	(b) (4), (b) (6)	05 Nov 2020 00:50:29
	(b) (4), (b) (6)	27 Oct 2020 18:24:02
	(b) (4), (b) (6)	27 Oct 2020 18:24:02
	Joanna Gurrola (b) (4)	21 Oct 2020 22:15:48
	(b) (4)	21 Oct 2020 22:15:48

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:48:21

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:11:25
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered '0' reason for change: Data Entry Error	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	(b) (4)	
	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:49:35
User closed query 'Per source, the symptom assessment is disabled and no data is collected. Please review EDC responses and consider if this assessment should be marked "not done" (Site from CRA).	(b) (4), (b) (6)	05 Nov 2020 00:49:33
Query 'Per source, the symptom assessment is disabled and no data is collected. Please review EDC responses and consider if this assessment should be marked "not done" answered with 'this has been completed for all. ' (Site from CRA).	Joanna Gurrola (b) (4)	03 Nov 2020 14:08:05
User entered '1' reason for change: Data Entry Error	(b) (4)	
	Joanna Gurrola (b) (4)	03 Nov 2020 14:07:58
User opened query 'Per source, the symptom assessment is disabled and no data is collected. Please review EDC responses and consider if this assessment should be marked "not done" (Site from CRA).	(b) (4)	
	(b) (4), (b) (6)	27 Oct 2020 18:27:06
User entered '0'	Joanna Gurrola (b) (4)	21 Oct 2020 22:15:48
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:11:31
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered '98' reason for change: Data Entry Error	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:49:37
User entered empty.	Joanna Gurrola (b) (4)	21 Oct 2020 22:15:48
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
User entered empty.	System	21 Oct 2020 22:15:48

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:48:21

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:11:33
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered '97.6' F reason for change: Data Entry Error	(b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint inactivated with code reason code Data not required.	(b) (4)	09 Nov 2020 07:04:47
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:49:38
User entered empty.	Joanna Gurrola (b) (4)	21 Oct 2020 22:15:48
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:48:21

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:11:37
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:49:40
User entered 'Not Done (Not Done)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	03 Nov 2020 14:09:22
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:15:48

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:48:21

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:11:56
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered 'Mild (Mild)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:49:42
User entered 'Not Done (Not Done)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	03 Nov 2020 14:09:22
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:15:48

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:48:21

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:11:58
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:49:44
User entered 'Not Done (Not Done)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	03 Nov 2020 14:09:22
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:15:48

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:48:21

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:12:00
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:49:45
User entered 'Not Done (Not Done)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	03 Nov 2020 14:09:22
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:15:48

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:48:21

Fatigue

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:12:02
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:49:47
User entered 'Not Done (Not Done)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	03 Nov 2020 14:09:22
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:15:48

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:48:21

Muscle Aches (Myalgia)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:16:41
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:49:48
User entered 'Not Done (Not Done)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	03 Nov 2020 14:09:22
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:15:48

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:48:21

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:16:44
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:49:49
User entered 'Not Done (Not Done)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	03 Nov 2020 14:09:22
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:15:48

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:48:21

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:16:46
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:49:51
User entered 'Not Done (Not Done)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	03 Nov 2020 14:09:22
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:15:48

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:16:48
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:49:52
User entered 'Not Done (Not Done)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	03 Nov 2020 14:09:22
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:15:48

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:16:52
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:49:53
User entered 'Not Done (Not Done)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	03 Nov 2020 14:09:22
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:15:48

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:48:21

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:16:56
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:49:55
User entered 'Not Done (Not Done)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	03 Nov 2020 14:09:22
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:15:48

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:48:21

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:16:59
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:49:56
User entered 'Not Done (Not Done)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	03 Nov 2020 14:09:22
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:15:48

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:48:21

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:17:00
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:49:58
User entered 'Not Done (Not Done)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	03 Nov 2020 14:09:22
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:15:48

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:48:21

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:17:02
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:00
User entered 'Not Done (Not Done)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	03 Nov 2020 14:09:22
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:15:48

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:48:21

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:17:03
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:02
User entered 'Not Done (Not Done)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	03 Nov 2020 14:09:22
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:15:48

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (15)

Generated On: 26 Nov 2020 10:48:21

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:17:05
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 00:50:03
User entered 'Not Done (Not Done)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	03 Nov 2020 14:09:22
User entered 'None (None)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:15:48

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:48:21

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 16 (Day 16)' reason for change:	Shannon Moyer (b) (4)	09 Nov 2020 07:04:47
Data Entry Error	(b) (4)	
User entered empty.	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:48:21

Date

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	17 Nov 2020 01:43:48
User closed query 'Per source 28AUG2020, please review and reconcile. ' (Site from CRA).	(b) (4), (b) (6)	17 Nov 2020 01:43:45
Query 'Per source 28AUG2020, please review and reconcile. ' answered with 'updated.' (Site from CRA).	Joanna Gurrola (b) (4)	14 Nov 2020 17:56:07
User entered '28 Aug 2020' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	14 Nov 2020 17:55:54
User opened query 'Per source 28AUG2020, please review and reconcile. ' (Site from CRA).	(b) (4), (b) (6)	11 Nov 2020 16:30:24
User entered '29 Aug 2020' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:09:32
User closed query 'Data is required. Please complete.' (Site from System).	System	09 Nov 2020 07:08:45
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	09 Nov 2020 07:08:45
User entered '29 Oct 2020' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User opened query 'Data is required. Please complete.' (Site from System).	System	09 Nov 2020 06:59:49
User entered empty.	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:48:21

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	17 Nov 2020 01:43:49
User entered '0'	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
DataPoint activated with code reason code Data required.	(b) (4) (b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:34:07
User entered '98' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	09 Nov 2020 07:08:45
User entered empty.	System	09 Nov 2020 06:59:49
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:48:21

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:34:10
User entered '97.5' F reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:48:21

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:34:12
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:48:21

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:34:15
User entered 'Mild (Mild)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:48:21

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:34:18
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:48:21

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:34:20
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:48:21

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:34:22
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:48:21

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:34:25
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:48:21

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:34:29
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:48:21

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:34:31
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:34:33
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:34:36
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:48:21

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:34:42
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:48:21

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:34:45
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:48:21

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:34:47
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:48:21

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:34:50
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:48:21

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:34:54
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (16)

Generated On: 26 Nov 2020 10:48:21

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:34:57
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:48:21

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 17 (Day 17)' reason for change:	Shannon Moyer (b) (4)	09 Nov 2020 07:09:01
Data Entry Error	(b) (4)	
User entered empty.	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:48:21

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:35:11
User entered '29 Aug 2020' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:09:32
User closed query 'Data is required. Please complete.' (Site from System).	(b) (4)	09 Nov 2020 07:08:45
Query 'Data is required. Please complete.' answered by data change (Site from System).	System	09 Nov 2020 07:08:45
User entered '29 Oct 2020' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User opened query 'Data is required. Please complete.' (Site from System).	(b) (4)	09 Nov 2020 06:59:49
User entered empty.	System	09 Nov 2020 06:59:49
DataPoint activated with code reason code Data required.	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:48:21

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:35:13
User entered '0'	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:35:17
User entered '96' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered '%'	System	09 Nov 2020 07:08:45
User entered empty.	System	09 Nov 2020 06:59:49
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:48:21

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:35:20
User entered '98.1' F reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:48:21

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:35:54
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:48:21

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:36:52
User entered 'Mild (Mild)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:48:21

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:43:13
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:48:21

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:43:16
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:48:21

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:43:24
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:48:21

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:43:27
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:48:21

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:43:28
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:48:21

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:43:31
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:43:34
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:43:36
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:48:21

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:43:39
User entered 'Mild (Mild)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:48:21

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:43:44
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:48:21

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:43:51
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:48:21

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:43:54
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:48:21

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:43:56
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (17)

Generated On: 26 Nov 2020 10:48:21

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:43:58
User entered 'None (None)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:08:45
User entered empty.	(b) (4)	
	Shannon Moyer (b) (4)	09 Nov 2020 06:59:49
	(b) (4)	
DataPoint activated with code reason code Data required.	(b) (4), (b) (6)	05 Nov 2020 00:50:50
DataPoint inactivated with code reason code Data not required.	(b) (4), (b) (6)	05 Nov 2020 00:50:29

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:48:21

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 18 (Day 18)'	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:09:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:48:21

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:44:04
User entered '30 Aug 2020' reason for change: Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:09:32
User entered '30 Oct 2020'	Shannon Moyer (b) (4)	09 Nov 2020 07:09:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:48:21

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:44:15
User entered 'I'	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:09:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:44:17
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:09:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered empty.	System	09 Nov 2020 07:09:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:48:21

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:44:19
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:09:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:48:21

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:44:22
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:09:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:48:21

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:44:24
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:09:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:48:21

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:44:26
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:09:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:48:21

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:44:28
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:09:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:48:21

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:44:30
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:09:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:48:21

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:44:32
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:09:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:48:21

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:44:34
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:09:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:48:21

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:44:35
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:09:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:44:37
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:09:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:44:39
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:09:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:48:21

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:44:41
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:09:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:48:21

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:44:42
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:09:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:48:21

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:44:45
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:09:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:48:21

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:44:47
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:09:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:48:21

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:44:48
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:09:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (18)

Generated On: 26 Nov 2020 10:48:21

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:44:51
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:09:19

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:48:21

[Symptom Day](#)

Audit	User	Time (GMT)
User entered 'Day 19 (Day 19)'	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:10:56

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:48:21

[Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:45:11
User entered '31 Aug 2020'	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:10:56

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:48:21

[Assessment Not Done](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:45:12
User entered 'I'	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:10:56

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:45:15
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:10:56

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:48:21

[O2 Saturation Units](#)

Audit	User	Time (GMT)
User entered empty.	System	09 Nov 2020 07:10:56

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:48:21

[Temperature](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:45:17
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:10:56

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:48:21

[Chills](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:45:19
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:10:56

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:48:21

[Cough](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:45:21
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:10:56

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:48:21

[Shortness of Breath](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:45:24
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:10:56

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:48:21

[Difficulty Breathing](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:45:26
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:10:56

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:48:21

[Fatigue](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:45:30
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:10:56

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:48:21

[Muscle Aches \(Myalgia\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:45:31
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:10:56

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:48:21

[Body Aches](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:45:34
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:10:56

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:48:21

[Headache](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:45:36
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:10:56

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Taste](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:45:37
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:10:56

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:48:21

[New Loss of Smell](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:45:39
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:10:56

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:48:21

[Nasal Congestion](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:45:41
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:10:56

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:48:21

[Runny Nose \(Rhinorrhea\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:45:43
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:10:56

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:48:21

[Nausea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:45:45
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:10:56

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:48:21

[Vomiting](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:45:47
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:10:56

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:48:21

[Diarrhea](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:45:48
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:10:56

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Symptom Log (19)

Generated On: 26 Nov 2020 10:48:21

[Sore Throat](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:45:50
User entered empty.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 07:10:56

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:48:21

[Date of Visit](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 16:32:28
User entered '17 Aug 2020'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:20:58

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:48:21

[Was the Subject Tested For SARS-CoV-2 by RT-PCR?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 16:32:31
User entered 'Yes (Y)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:20:58

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:48:21

[Did Subject Test Positive For SARS-CoV-2 by RT-PCR?](#)

Audit	User	Time (GMT)
User closed query 'Did Subject Test Positive For SARS-CoV-2 by RT-PCR is Yes. Please confirm test result was positive and enter COVID-19 diagnosis on the Adverse Events form.' (Site from System). DataPoint Verified.	(b) (4), (b) (6)	09 Nov 2020 02:12:37
	(b) (4), (b) (6)	22 Oct 2020 16:32:37
Query 'Did Subject Test Positive For SARS-CoV-2 by RT-PCR is Yes. Please confirm test result was positive and enter COVID-19 diagnosis on the Adverse Events form.' answered with 'test result was positive and ae page was updated' (Site from System).	Joanna Gurrola (b) (4)	21 Oct 2020 22:23:58
	(b) (4)	
User opened query 'Did Subject Test Positive For SARS-CoV-2 by RT-PCR is Yes. Please confirm test result was positive and enter COVID-19 diagnosis on the Adverse Events form.' (Site from System).	System	21 Oct 2020 22:20:58
User entered 'Yes (Y)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:20:58
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:48:21

[Date of Test](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 16:32:52
User entered '17 Aug 2020'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:20:58

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:48:21

[Type of Test Performed](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 16:32:54
User entered 'Nasopharyngeal Swab (Nasopharyngeal Swab)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:20:58

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:48:21

[Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 16:32:58
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:20:58

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:48:21

[Was this diagnostic test performed at a lab other than the Study Central Lab?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 16:33:02
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:20:58

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:48:21

[Lab/ Institution Test Performed](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 16:33:05
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:20:58

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:48:21

[CLIA Certified?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 16:33:06
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:20:58

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: COVID Diagnostic Test

Generated On: 26 Nov 2020 10:48:21

[COVID-19 Positive \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered 'I'	System	21 Oct 2020 22:20:58

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

Did the subject have Respiratory Rates \geq 30 per Minute?

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:37
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:49
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[End Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[Respiratory Rate](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

Did the subject have Heart Rate \geq 125 beats per minute

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[End Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[Heart Rate](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

Did the subject have Oxygen Saturation of $\text{SpO}_2 \leq 93\%$ on room air at sea level?

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[End Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[Oxygen Saturation](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

Did the subject have PaO2/FIO2 Ratio < 300 mm Hg?

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[End Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[PaO2](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

Did the subject have Respiratory failure?

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered 'No (N)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:25:07
	(b) (4)	

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

Did the subject have Acute Respiratory Distress Syndrome (ARDS)?

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[High-Flow Oxygen?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[End Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[Non-Invasive Ventilation?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[End Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[Mechanical Ventilation?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[End Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[ECMO?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[End Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

Systolic Blood Pressure < 90 mmHg, Diastolic Blood Pressure < 60 mmHg

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[End Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[Evidence of Shock Requires
Vasopressors](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[End Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[Acute Renal Dysfunction?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[Hepatic Dysfunction?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[Neurologic Dysfunction?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[Clinical Evidence](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[Date of Assessment](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[Radiographical Evidence](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[Date of Assessment](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[Admission to an intensive care unit due to SARS-CoV-2](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[Start Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Covid-19 Severity Assessment

Generated On: 26 Nov 2020 10:48:21

[End Date](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:36:51
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:25:07

US3252020

Folder: Covid-19 Assessment 17 Aug 2020

Form: Generate Next COVID-19 Assessment

Generated On: 26 Nov 2020 10:48:21

[Generate Next COVID-19 Assessment](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	29 Oct 2020 21:35:50
User entered 'No (N)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	21 Oct 2020 16:50:26
User entered 'Yes (Y)'	Shannon Moyer (b) (4)	02 Sep 2020 15:16:44

US3252020

Folder: Illness Visit (1)

Form: Saliva Collection (1)

Generated On: 26 Nov 2020 10:48:21

[Visit](#)

Audit	User	Time (GMT)
User closed query 'Per GCL Lab Reconciliation: Saliva: Sample dated 17AUG2020 is reported under Illness Visits in PPD Central lab, however the same is missing in EDC. Please review if the sample has been collected then update the details under appropriate visit. Else clarify, thank you. ' (Site from DM).	(b) (4), (b) (6)	17 Nov 2020 15:10:56
Query 'Per GCL Lab Reconciliation: Saliva: Sample dated 17AUG2020 is reported under Illness Visits in PPD Central lab, however the same is missing in EDC. Please review if the sample has been collected then update the details under appropriate visit. Else clarify, thank you. ' answered with 'Day 1 was on 17-AUG-2020 and day 3 saliva collection was collected on 19-AUG-2020 as entered. Initial date is correct' (Site from DM).	Xavier Morales (b) (4) (b) (4)	12 Nov 2020 23:39:19
User opened query 'Per GCL Lab Reconciliation: Saliva: Sample dated 17AUG2020 is reported under Illness Visits in PPD Central lab, however the same is missing in EDC. Please review if the sample has been collected then update the details under appropriate visit. Else clarify, thank you. ' (Site from DM).	(b) (4), (b) (6)	05 Nov 2020 09:23:52
User accepted default value 'Day 3 (Day 3)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:52:21

US3252020

Folder: Illness Visit (1)

Form: Saliva Collection (1)

Generated On: 26 Nov 2020 10:48:21

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:42:36
User entered 'Yes (Y)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:52:21

US3252020

Folder: Illness Visit (1)

Form: Saliva Collection (1)

Generated On: 26 Nov 2020 10:48:21

[Date of Collection](#)

Audit	User	Time (GMT)
User closed query 'Per GCL Lab Reconciliation: Swab sample for Visit 2 Day 29 has been received by Central Lab with date 17Sep 2020. However Visit 2 Day 29 has not been filled out please confirm and update accordingly.' (Site from DM).	(b) (4), (b) (6)	17 Nov 2020 15:11:02
Query 'Per GCL Lab Reconciliation: Swab sample for Visit 2 Day 29 has been received by Central Lab with date 17Sep 2020. However Visit 2 Day 29 has not been filled out please confirm and update accordingly.' answered with 'day 29 has been entered into EDC. ' (Site from DM).	Joanna Gurrola (b) (4) (b) (4)	03 Nov 2020 13:42:17
User opened query 'Per GCL Lab Reconciliation: Swab sample for Visit 2 Day 29 has been received by Central Lab with date 17Sep 2020. However Visit 2 Day 29 has not been filled out please confirm and update accordingly.' (Site from DM).	(b) (4), (b) (6)	24 Oct 2020 13:35:44
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:42:38
User entered '19 Aug 2020'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:52:21

US3252020

Folder: Illness Visit (1)

Form: Saliva Collection (2)

Generated On: 26 Nov 2020 10:48:21

[Visit](#)

Audit	User	Time (GMT)
User accepted default value 'Day 5 (Day 5)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:52:21

US3252020

Folder: Illness Visit (1)

Form: Saliva Collection (2)

Generated On: 26 Nov 2020 10:48:21

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:43:11
User entered 'Yes (Y)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:52:21

US3252020

Folder: Illness Visit (1)

Form: Saliva Collection (2)

Generated On: 26 Nov 2020 10:48:21

[Date of Collection](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:43:13
User entered '21 Aug 2020'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:52:21

US3252020

Folder: Illness Visit (1)

Form: Saliva Collection (3)

Generated On: 26 Nov 2020 10:48:21

[Visit](#)

Audit	User	Time (GMT)
User accepted default value 'Day 7 (Day 7)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:52:21

US3252020

Folder: Illness Visit (1)

Form: Saliva Collection (3)

Generated On: 26 Nov 2020 10:48:21

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:43:38
User entered 'Yes (Y)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:52:21

US3252020

Folder: Illness Visit (1)

Form: Saliva Collection (3)

Generated On: 26 Nov 2020 10:48:21

[Date of Collection](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:43:50
User entered '23 Aug 2020'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:52:21

US3252020

Folder: Illness Visit (1)

Form: Saliva Collection (4)

Generated On: 26 Nov 2020 10:48:21

[Visit](#)

Audit	User	Time (GMT)
User accepted default value 'Day 9 (Day 9)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:52:21

US3252020

Folder: Illness Visit (1)

Form: Saliva Collection (4)

Generated On: 26 Nov 2020 10:48:21

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:44:35
User entered 'Yes (Y)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:52:21

US3252020

Folder: Illness Visit (1)

Form: Saliva Collection (4)

Generated On: 26 Nov 2020 10:48:21

[Date of Collection](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:44:37
User entered '25 Aug 2020'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:52:21

US3252020

Folder: Illness Visit (1)

Form: Saliva Collection (5)

Generated On: 26 Nov 2020 10:48:21

[Visit](#)

Audit	User	Time (GMT)
User accepted default value 'Day 14 (Day 14)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:52:21

US3252020

Folder: Illness Visit (1)

Form: Saliva Collection (5)

Generated On: 26 Nov 2020 10:48:21

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 01:28:24
User closed query 'Please confirm if saliva sample was collected on Day 14. Source states that it was collected, however there are no lab results available. ' (Site from CRA).	(b) (4), (b) (6)	05 Nov 2020 01:28:20
Query 'Please confirm if saliva sample was collected on Day 14. Source states that it was collected, however there are no lab results available. ' answered with 'samples were not collected.' (Site from CRA).	Joanna Gurrola (b) (4)	03 Nov 2020 13:41:34
User entered 'No (N)' reason for change: Data Entry Error	(b) (4)	03 Nov 2020 13:41:26
User opened query 'Please confirm if saliva sample was collected on Day 14. Source states that it was collected, however there are no lab results available. ' (Site from CRA).	(b) (4), (b) (6)	27 Oct 2020 18:35:07
User entered 'Yes (Y)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:52:21

US3252020

Folder: Illness Visit (1)

Form: Saliva Collection (5)

Generated On: 26 Nov 2020 10:48:21

[Date of Collection](#)

Audit	User	Time (GMT)
User closed query 'It's noted sample was not collected on this day. Should date of collection be updated? ' (Site from CRA).	(b) (4), (b) (6)	11 Nov 2020 16:57:35
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:57:33
Query 'It's noted sample was not collected on this day. Should date of collection be updated? ' answered with 'Corrected.' (Site from CRA).	Shannon Moyer (b) (4)	09 Nov 2020 07:14:17
User entered empty; reason for change Data Entry Error	Shannon Moyer (b) (4)	09 Nov 2020 07:13:59
User opened query 'It's noted sample was not collected on this day. Should date of collection be updated? ' (Site from CRA).	(b) (4), (b) (6)	05 Nov 2020 01:28:57
User entered '30 Aug 2020'	Joanna Gurrola (b) (4)	21 Oct 2020 22:52:21

US3252020

Folder: Illness Visit (1)

Form: Saliva Collection (6)

Generated On: 26 Nov 2020 10:48:21

[Visit](#)

Audit	User	Time (GMT)
User accepted default value 'Day 21 (Day 21)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:52:21

US3252020

Folder: Illness Visit (1)

Form: Saliva Collection (6)

Generated On: 26 Nov 2020 10:48:21

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 01:29:15
User closed query 'Per protocol, subject should have had saliva sample collected on day 21. Please confirm if "Not done" can be selected for this response. ' (Site from CRA).	(b) (4), (b) (6)	05 Nov 2020 01:29:13
Query 'Per protocol, subject should have had saliva sample collected on day 21. Please confirm if "Not done" can be selected for this response. ' answered with 'saliva sample not collected' (Site from CRA).	Joanna Gurrola (b) (4)	03 Nov 2020 13:53:32
User entered 'No (N)' reason for change: Data Entry Error	(b) (4)	03 Nov 2020 13:53:22
User opened query 'Per protocol, subject should have had saliva sample collected on day 21. Please confirm if "Not done" can be selected for this response. ' (Site from CRA).	(b) (4), (b) (6)	27 Oct 2020 18:35:58
User entered 'NA (COVID-19 Negative) (NA)'	Joanna Gurrola (b) (4)	21 Oct 2020 22:52:21

US3252020

Folder: Illness Visit (1)

Form: Saliva Collection (6)

Generated On: 26 Nov 2020 10:48:21

[Date of Collection](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 01:29:16
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:52:21

US3252020

Folder: Illness Visit (1)

Form: Saliva Collection (7)

Generated On: 26 Nov 2020 10:48:21

[Visit](#)

Audit	User	Time (GMT)
User accepted default value 'Day 28 (Day 28)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:52:21

US3252020

Folder: Illness Visit (1)

Form: Saliva Collection (7)

Generated On: 26 Nov 2020 10:48:21

[Was Saliva Collected?](#)

Audit	User	Time (GMT)
User closed query 'Per protocol, subject should have had saliva sample collected on day 28. Please confirm if "Not done" can be selected for this response. ' (Site from CRA). DataPoint Verified.	(b) (4), (b) (6) (b) (4)	05 Nov 2020 01:29:25
	(b) (4), (b) (6) (b) (4)	05 Nov 2020 01:29:23
Query 'Per protocol, subject should have had saliva sample collected on day 28. Please confirm if "Not done" can be selected for this response. ' answered with 'saliva sample not collected.' (Site from CRA). User entered 'No (N)' reason for change: Data Entry Error	Joanna Gurrola (b) (4) (b) (4)	03 Nov 2020 13:53:46
User opened query 'Per protocol, subject should have had saliva sample collected on day 28. Please confirm if "Not done" can be selected for this response. ' (Site from CRA). User entered 'NA (COVID-19 Negative) (NA)'	Joanna Gurrola (b) (4) (b) (4)	03 Nov 2020 13:53:37
	(b) (4), (b) (6) (b) (4)	27 Oct 2020 18:36:18
	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:52:21

US3252020

Folder: Illness Visit (1)

Form: Saliva Collection (7)

Generated On: 26 Nov 2020 10:48:21

[Date of Collection](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 01:29:26
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:52:21

US3252020

Folder: Illness Visit Day 1 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:48:21

[Was this visit performed?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 16:28:37
User entered 'Yes (Y)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:26:04

US3252020

Folder: Illness Visit Day 1 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 16:28:39
User entered '17 Aug 2020'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:26:04

US3252020

Folder: Illness Visit Day 1 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 16:28:41
User entered 'Clinic (Clinic)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:26:04

US3252020

Folder: Illness Visit Day 1 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:48:21

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'SICKD1'	System	21 Oct 2020 22:26:04

US3252020

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 16:29:02
User entered 'Yes (Y)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:28:17

US3252020

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 16:29:06
User entered '17 Aug 2020'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:28:17

US3252020

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 16:29:07
User entered '15:00'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:28:17

US3252020

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered '17 Aug 2020 15:00'	System	21 Oct 2020 22:28:17

US3252020

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

Height (xxx.x)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 16:29:14
User entered '70.5' in	Joanna Gurrola (b) (4)	21 Oct 2020 22:28:17
DataPoint set to visible.	(b) (4) System	21 Oct 2020 22:26:04

US3252020

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

Weight (xxx.x)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 16:29:19
User entered '190' lb	Joanna Gurrola (b) (4)	21 Oct 2020 22:28:17
DataPoint set to visible.	(b) (4) System	21 Oct 2020 22:26:04

US3252020

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

Temperature (xxx.x)

Audit	User	Time (GMT)
User closed query 'Per CDM: Temperature is not less than 38.0 C/100.4 F as required by protocol. Please review "unit of measurement for temperature" (centigrade, denoted C or, Fahrenheit denoted F), and update accordingly or, confirm temperature is correct.' (Site from DM). DataPoint Verified.	(b) (4), (b) (6)	07 Nov 2020 20:52:38
Query 'Per CDM: Temperature is not less than 38.0 C/100.4 F as required by protocol. Please review "unit of measurement for temperature" (centigrade, denoted C or, Fahrenheit denoted F), and update accordingly or, confirm temperature is correct.' answered with 'updated' (Site from DM). DataPoint Un-verified.	Joanna Gurrola (b) (4)	29 Oct 2020 04:22:55
User entered '99.1' F reason for change: Data Entry Error	Joanna Gurrola (b) (4)	29 Oct 2020 04:22:40
User opened query 'Per CDM: Temperature is not less than 38.0 C/100.4 F as required by protocol. Please review "unit of measurement for temperature" (centigrade, denoted C or, Fahrenheit denoted F), and update accordingly or, confirm temperature is correct.' (Site from DM).	(b) (4), (b) (6)	28 Oct 2020 21:13:53
User closed query 'Temperature reported is out of range >41.7C (107F) per protocol considered grade 3. Please indicate if CS/NCS and report as AE, if appropriate.' (Site from System). DataPoint Verified.	(b) (4), (b) (6)	23 Oct 2020 19:03:56
Query 'Temperature reported is out of range >41.7C (107F) per protocol considered grade 3. Please indicate if CS/NCS and report as AE, if appropriate.' answered with 'ncs per PI' (Site from System).	Joanna Gurrola (b) (4)	21 Oct 2020 22:28:37
User opened query 'Temperature reported is out of range >41.7C (107F) per protocol considered grade 3. Please indicate if CS/NCS and report as AE, if appropriate.' (Site from System).	System	21 Oct 2020 22:28:17
User entered '99.1' C	Joanna Gurrola (b) (4)	21 Oct 2020 22:28:17

US3252020

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

[Route of measurement](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 16:29:37
User entered 'Oral (Oral)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:28:17

US3252020

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

[If Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 16:29:44
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:28:17

US3252020

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 16:29:42
User entered '78'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:28:17

US3252020

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

[Pulse units](#)

Audit	User	Time (GMT)
User entered 'bpm'	System	21 Oct 2020 22:28:17

US3252020

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 16:29:54
User entered '16'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:28:17

US3252020

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered 'breaths/min'	System	21 Oct 2020 22:28:17

US3252020

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 16:29:57
User entered '145'	Joanna Gurrola (b) (4)	21 Oct 2020 22:28:17
	(b) (4)	

US3252020

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	21 Oct 2020 22:28:17

US3252020

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 16:29:59
User entered '91'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:28:17

US3252020

Folder: Illness Visit Day 1 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered 'mmHg'	System	21 Oct 2020 22:28:17

US3252020

Folder: Illness Visit Day 1 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:48:21

[Was the physical examination performed?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 16:30:18
User entered 'Yes (Y)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:29:09

US3252020

Folder: Illness Visit Day 1 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:48:21

Date of examination (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 16:30:22
User entered '17 Aug 2020'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:29:09

US3252020

Folder: Illness Visit Day 1 (1)

Form: Blood Sample Collection for Immunologic Assessment of SARS-CoV-2 Infection

Generated On: 26 Nov 2020 10:48:21

[Was Blood Sample Taken for Immunologic Assessment of SARS_COV-2 Infection?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 16:43:19
User entered 'Yes (Y)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:29:24

US3252020

Folder: Illness Visit Day 1 (1)

Form: Blood Sample Collection for Immunologic Assessment of SARS-CoV-2 Infection

Generated On: 26 Nov 2020 10:48:21

[Date of Collection](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 16:43:21
User entered '17 Aug 2020'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:29:24

US3252020

Folder: Convalescence Visit Day 28 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:48:21

[Was this visit performed?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	29 Oct 2020 21:39:38
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:29:36

US3252020

Folder: Convalescence Visit Day 28 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	29 Oct 2020 21:39:38
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:29:36

US3252020

Folder: Convalescence Visit Day 28 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	29 Oct 2020 21:39:38
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:29:36

US3252020

Folder: Convalescence Visit Day 28 (1)

Form: Visit Date

Generated On: 26 Nov 2020 10:48:21

[Folder OID](#)

Audit	User	Time (GMT)
User entered 'SICKD28'	System	21 Oct 2020 22:29:36

US3252020

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

[Were vital signs assessed?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	29 Oct 2020 21:39:29
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:29:42

US3252020

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

Date of assessment (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	29 Oct 2020 21:39:29
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:29:42

US3252020

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	29 Oct 2020 21:39:29
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:29:42

US3252020

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
User entered empty.	System	21 Oct 2020 22:29:42

US3252020

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

Temperature (xxx.x)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	29 Oct 2020 21:39:29
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:29:42

US3252020

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

[Route of measurement](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	29 Oct 2020 21:39:29
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:29:42

US3252020

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

[If Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	29 Oct 2020 21:39:29
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:29:42

US3252020

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

[Pulse \(xxx\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	29 Oct 2020 21:39:29
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:29:42

US3252020

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

[Pulse units](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Oct 2020 22:29:42

US3252020

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

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

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	29 Oct 2020 21:39:29
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:29:42

US3252020

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

[Respiratory Rate units](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Oct 2020 22:29:42

US3252020

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

Systolic Blood Pressure (xxx)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	29 Oct 2020 21:39:29
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:29:42

US3252020

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

[Systolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Oct 2020 22:29:42

US3252020

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

Diastolic Blood Pressure (xxx)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	29 Oct 2020 21:39:29
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:29:42

US3252020

Folder: Convalescence Visit Day 28 (1)

Form: Vital Signs

Generated On: 26 Nov 2020 10:48:21

[Diastolic Blood Pressure units](#)

Audit	User	Time (GMT)
User entered empty.	System	21 Oct 2020 22:29:42

US3252020

Folder: Convalescence Visit Day 28 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:48:21

[Was the physical examination performed?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	29 Oct 2020 21:39:46
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:29:48

US3252020

Folder: Convalescence Visit Day 28 (1)

Form: Physical Examination

Generated On: 26 Nov 2020 10:48:21

Date of examination (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	29 Oct 2020 21:39:46
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:29:48

US3252020

Folder: Convalescence Visit Day 28 (1)

Form: Blood Sample Collection for Immunologic Assessment of SARS-CoV-2 Infection

Generated On: 26 Nov 2020 10:48:21

[Was Blood Sample Taken for Immunologic Assessment of SARS_COV-2 Infection?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	29 Oct 2020 21:49:33
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:29:56

US3252020

Folder: Convalescence Visit Day 28 (1)

Form: Blood Sample Collection for Immunologic Assessment of SARS-CoV-2 Infection

Generated On: 26 Nov 2020 10:48:21

[Date of Collection](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	29 Oct 2020 21:49:33
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:29:56

US3252020

Folder: Adverse Events

Form: Adverse Events Summary

Generated On: 26 Nov 2020 10:48:21

[Did the participant experience any adverse events?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 20:09:15
User entered 'Yes (Y)' reason for change: Data Entry Error	Nancy Torrence (b) (4)	07 Oct 2020 18:35:03
User entered 'No (N)'	(b) (4)	
	Joanna Gurrola (b) (4)	05 Aug 2020 07:22:57
	(b) (4)	

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

[AEID](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:39
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:00:13
User entered 'USA-US108-2020-mRNA-1273-P301000002'	System	08 Oct 2020 13:00:03
User entered 'New'	(b) (4), (b) (6)	08 Oct 2020 13:00:03

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

[Adverse event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:41
User coded data point as SOC: Infections and infestations, HLGT: Viral infectious disorders, HLT: Coronavirus infections, PT: COVID-19, LLT: COVID-19 - version MedDRA\23.0.	Coder Import (b) (4) (b) (4)	09 Nov 2020 06:10:26
User coded data point as Term Coded data point by User: Coder System - version MedDRA\23.0.	Coder Import (b) (4) (b) (4)	09 Nov 2020 06:10:26
Data point term sent to Coder	System	09 Nov 2020 05:56:12
User closed query 'For coding purposes, for AE term COVID 19 POSITIVE, please specify if this is COVID 19 test positive, COVID 19 INFECTION or something else. Please update the term with your response.' (Site from System).	System	09 Nov 2020 05:55:22
Query 'For coding purposes, for AE term COVID 19 POSITIVE, please specify if this is COVID 19 test positive, COVID 19 INFECTION or something else. Please update the term with your response.' answered with 'Updated.' (Site from System).	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 05:55:22
Data point term sent to Coder	System	09 Nov 2020 05:55:11
User entered 'COVID-19 infection' reason for change: Data Entry Error	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 05:55:10
Coding entries removed.	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 05:54:56
User entered 'Covid-19' reason for change: Data Entry Error	Shannon Moyer (b) (4) (b) (4)	09 Nov 2020 05:54:56
User opened query 'For coding purposes, for AE term COVID 19 POSITIVE, please specify if this is COVID 19 test positive, COVID 19 INFECTION or something else. Please update the term with your response.' (Site from System).	Coder Import (b) (4) (b) (4)	07 Nov 2020 18:24:38
User coded data point as SOC: Investigations, HLGT: Microbiology and serology investigations, HLT: Virus identification and serology, PT: SARS-CoV-2 test positive, LLT: COVID-19 virus test positive - version MedDRA\23.0.	Coder Import (b) (4) (b) (4)	29 Oct 2020 20:51:17
User coded data point as Term Coded data point by User: Coder System - version MedDRA\23.0.	Coder Import (b) (4) (b) (4)	29 Oct 2020 20:51:17
Data point term sent to Coder	System	29 Oct 2020 04:23:47
DataPoint Un-verified.	Nancy Torrence (b) (4) (b) (4)	29 Oct 2020 04:23:04

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

[Adverse event](#)

Audit	User	Time (GMT)
Coding entries removed.	Nancy Torrence (b) (4)	29 Oct 2020 04:23:04
	(b) (4)	
User entered 'COVID Positive' reason for change:	Nancy Torrence (b) (4)	29 Oct 2020 04:23:04
Data Entry Error	(b) (4)	
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 20:10:28
	(b) (4), (b) (6)	
User closed query 'PV Query: If this event is a confirmed diagnosis of Symptomatic Covid-19, please update term to 'Covid-19'.' (Site from Safety).	(b) (4), (b) (6)	15 Oct 2020 13:34:34
User coded data point as SOC: Infections and infestations, HLGT: Viral infectious disorders, HLT: Coronavirus infections, PT: COVID-19, LLT: COVID-19 - version MedDRA\23.0.	Coder Import (b) (4)	14 Oct 2020 18:20:37
	(b) (4)	
User coded data point as Term Coded data point by User: Coder System - version MedDRA\23.0.	Coder Import (b) (4)	14 Oct 2020 18:20:37
	(b) (4)	
Query 'PV Query: If this event is a confirmed diagnosis of Symptomatic Covid-19, please update term to 'Covid-19'.' answered with 'Term was updated. Thanks. ' (Site from Safety).	(b) (4), (b) (6)	14 Oct 2020 18:19:56
Data point term sent to Coder	System	14 Oct 2020 18:19:50
Coding entries removed.	(b) (4), (b) (6)	14 Oct 2020 18:19:43
	(b) (4), (b) (6)	
User entered 'COVID-19' reason for change: Data Entry Error	(b) (4), (b) (6)	14 Oct 2020 18:19:43
User opened query 'PV Query: If this event is a confirmed diagnosis of Symptomatic Covid-19, please update term to 'Covid-19'.' (Site from Safety).	(b) (4), (b) (6)	14 Oct 2020 12:14:26
User coded data point as SOC: Investigations, HLGT: Microbiology and serology investigations, HLT: Virus identification and serology, PT: SARS-CoV-2 test positive, LLT: COVID-19 virus test positive - version MedDRA\23.0.	Coder Import (b) (4)	09 Oct 2020 20:58:54
	(b) (4)	
User coded data point as Term Coded data point by User: Coder System - version MedDRA\23.0.	Coder Import (b) (4)	09 Oct 2020 20:58:54
	(b) (4)	
Data point term sent to Coder	System	09 Oct 2020 20:47:11
Coding entries removed.	Xavier Morales (b) (4)	09 Oct 2020 20:46:35
	(b) (4)	
User entered 'COVID-19 Positive' reason for change: Data Entry Error	Xavier Morales (b) (4)	09 Oct 2020 20:46:35
	(b) (4)	

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

[Adverse event](#)

Audit	User	Time (GMT)
User coded data point as SOC: Infections and infestations, HLGT: Viral infectious disorders, HLT: Coronavirus infections, PT: COVID-19, LLT: COVID-19 - version MedDRA\\23.0.	Coder Import (b) (4)	07 Oct 2020 19:48:31
User coded data point as Term Coded data point by User: Coder System - version MedDRA\\23.0.	Coder Import (b) (4)	07 Oct 2020 19:48:31
Data point term sent to Coder	System	07 Oct 2020 19:06:53
User entered 'COVID'	Nancy Torrence (b) (4)	07 Oct 2020 19:06:30
	(b) (4)	

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

[Was this a medically-attended AE?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 20:10:43
User entered 'Yes (Y)'	Nancy Torrence (b) (4) (b) (4)	07 Oct 2020 19:06:30

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

[Was this a Solicited Adverse Reaction?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 20:12:35
User entered 'No (N)'	Nancy Torrence (b) (4) (b) (4)	07 Oct 2020 19:06:30

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

[Is this event a confirmed diagnosis of Symptomatic Covid-19?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 19:07:33
User entered 'Yes (Y)'	Nancy Torrence (b) (4) (b) (4)	07 Oct 2020 19:06:30

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:47
DataPoint Un-verified.	Shannon Moyer (b) (4)	09 Nov 2020 05:54:56
User entered '13 Aug 2020' reason for change: Data Entry Error	(b) (4)	09 Nov 2020 05:54:56
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 19:07:31
User entered '17 Aug 2020'	Nancy Torrence (b) (4)	07 Oct 2020 19:06:30
	(b) (4)	

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

[Start time \(00:00-23:59\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:46
DataPoint Un-verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:44
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 19:11:59
User entered empty.	Nancy Torrence (b) (4) (b) (4)	07 Oct 2020 19:06:30

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

[AE start date and time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	07 Oct 2020 19:06:30

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

[Ongoing?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 19:07:49
User entered 'No (N)'	Nancy Torrence (b) (4) (b) (4)	07 Oct 2020 19:06:30

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

If not Ongoing, end date (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	29 Oct 2020 21:58:03
User closed query 'Source has AE end date recorded as 22AUG2020. Please review and reconcile with source. ' (Site from CRA).	(b) (4), (b) (6)	29 Oct 2020 21:57:55
Query 'Source has AE end date recorded as 22AUG2020. Please review and reconcile with source. ' answered with 'Source reviewed, end date updated.' (Site from CRA).	Joanna Gurrola (b) (4) (b) (4)	28 Oct 2020 14:07:15
User entered '22 Aug 2020' reason for change: Data Entry Error	Joanna Gurrola (b) (4) (b) (4)	28 Oct 2020 14:06:59
User opened query 'Source has AE end date recorded as 22AUG2020. Please review and reconcile with source. ' (Site from CRA).	(b) (4), (b) (6)	27 Oct 2020 19:07:14
User closed query 'PV Query: Event end date is reported as 22 Aug 2020; however, the subject had reported COVID-19 symptom of mild runny nose on 29 Aug 2020. Please confirm event end date and updated if applicable.' (Site from Safety).	(b) (4), (b) (6)	22 Oct 2020 20:36:37
Query 'PV Query: Event end date is reported as 22 Aug 2020; however, the subject had reported COVID-19 symptom of mild runny nose on 29 Aug 2020. Please confirm event end date and updated if applicable.' answered with 'updated' (Site from Safety).	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:22:20
User entered '29 Aug 2020' reason for change: Data Entry Error	Joanna Gurrola (b) (4) (b) (4)	21 Oct 2020 22:22:13
User opened query 'PV Query: Event end date is reported as 22 Aug 2020; however, the subject had reported COVID-19 symptom of mild runny nose on 29 Aug 2020. Please confirm event end date and updated if applicable.' (Site from Safety).	(b) (4), (b) (6)	21 Oct 2020 15:04:35
User entered '22 Aug 2020'	Nancy Torrence (b) (4) (b) (4)	07 Oct 2020 19:06:30

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

[End time \(00:00-23:59\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	29 Oct 2020 21:58:00
User entered empty.	Nancy Torrence (b) (4)	07 Oct 2020 19:06:30
	(b) (4)	

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

[AE End Date and Time \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	07 Oct 2020 19:06:30

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

[Severity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 19:08:25
User entered 'Grade 2/Moderate (Grade 2/Moderate)'	Nancy Torrence (b) (4) (b) (4)	07 Oct 2020 19:06:30

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

[Is the adverse event serious?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 19:08:48
User entered 'No (N)'	Nancy Torrence (b) (4)	07 Oct 2020 19:06:30
	(b) (4)	

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

[Death](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 19:08:51
User entered '0'	Nancy Torrence (b) (4)	07 Oct 2020 19:06:30
	(b) (4)	

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

[Life threatening](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 19:08:52
User entered '0'	Nancy Torrence (b) (4)	07 Oct 2020 19:06:30
	(b) (4)	

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 19:08:54
User entered '0'	Nancy Torrence (b) (4)	07 Oct 2020 19:06:30
	(b) (4)	

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

Hospital Admission Date (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 19:08:56
User entered empty.	Nancy Torrence (b) (4)	07 Oct 2020 19:06:30
	(b) (4)	

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

Hospital Discharge Date (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 19:08:58
User entered empty.	Nancy Torrence (b) (4)	07 Oct 2020 19:06:30
	(b) (4)	

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

[Admitted to ICU?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 19:09:01
User entered empty.	Nancy Torrence (b) (4) (b) (4)	07 Oct 2020 19:06:30

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

[Number of Days in ICU](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 19:09:03
User entered empty.	Nancy Torrence (b) (4) (b) (4)	07 Oct 2020 19:06:30

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 19:09:04
User entered '0'	Nancy Torrence (b) (4)	07 Oct 2020 19:06:30
	(b) (4)	

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 19:09:06
User entered '0'	Nancy Torrence (b) (4)	07 Oct 2020 19:06:30
	(b) (4)	

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

[Other medically important event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 19:09:08
User entered '0'	Nancy Torrence (b) (4) (b) (4)	07 Oct 2020 19:06:30

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

[Relationship to investigational product](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 19:09:10
User entered 'Not Related (NOT RELATED)'	Nancy Torrence (b) (4) (b) (4)	07 Oct 2020 19:06:30

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

[Relationship to Study Procedure](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 19:09:11
User entered 'Not Related (NOT RELATED)'	Nancy Torrence (b) (4) (b) (4)	07 Oct 2020 19:06:30

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

Action taken with investigational product

Audit	User	Time (GMT)
User closed query 'Per DM CLR - RQ: Site's response noted. However, please ensure that this is reflected in dosing discontinuation as appropriate. Review and update. Else, clarify. ' (Site from DM).	(b) (4), (b) (6)	07 Nov 2020 20:56:12
User closed query 'Action Taken with Investigational Product is Withdrawn, however Primary reason for Dosing Discontinuation is NOT AE (specify) or SAE (specify). Please review and reconcile.' (Site from System).	(b) (4), (b) (6)	07 Nov 2020 20:55:22
Query 'Action Taken with Investigational Product is Withdrawn, however Primary reason for Dosing Discontinuation is NOT AE (specify) or SAE (specify). Please review and reconcile.' answered with 'Dosing was discontinued because patient was COVID + which is already documented as an AE. ' (Site from System).	(b) (4), (b) (6)	06 Nov 2020 20:40:41
User opened query 'Action Taken with Investigational Product is Withdrawn, however Primary reason for Dosing Discontinuation is NOT AE (specify) or SAE (specify). Please review and reconcile.' (Site from System).	System	06 Nov 2020 20:08:45
Query 'Per DM CLR - RQ: Site's response noted. However, please ensure that this is reflected in dosing discontinuation as appropriate. Review and update. Else, clarify. ' answered with 'this has been noted in emr system.' (Site from DM).	Joanna Gurrola (b) (4)	06 Nov 2020 20:06:29
User opened query 'Per DM CLR - RQ: Site's response noted. However, please ensure that this is reflected in dosing discontinuation as appropriate. Review and update. Else, clarify. ' (Site from DM).	(b) (4), (b) (6)	06 Nov 2020 08:16:14
User closed query 'Per DM CLR: Action Taken with Investigational Product = Investigational Product Withdrawn. Ensure this is reflected in dosing discontinuation if applicable. Review and update. Else, clarify. ' (Site from DM).	(b) (4), (b) (6)	06 Nov 2020 08:16:14

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

Action taken with investigational product

Audit	User	Time (GMT)
Query 'Per DM CLR: Action Taken with Investigational Product = Investigational Product Withdrawn. Ensure this is reflected in dosing discontinuation if applicable. Review and update. Else, clarify. ' answered with 'this was documented through IRT as patient was discontinued from treatment. ' (Site from DM).	Joanna Gurrola (b) (4) (b) (4)	03 Nov 2020 13:38:40
User opened query 'Per DM CLR: Action Taken with Investigational Product = Investigational Product Withdrawn. Ensure this is reflected in dosing discontinuation if applicable. Review and update. Else, clarify. ' (Site from DM).	(b) (4), (b) (6)	29 Oct 2020 05:20:57
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 19:09:15
User entered 'Investigational Product Withdrawn (WITHDRAWN)'	Nancy Torrence (b) (4) (b) (4)	07 Oct 2020 19:06:30

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

None

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 19:09:18
User entered '0' reason for change: Data Entry Error	Xavier Morales (b) (4)	13 Oct 2020 14:14:04
User closed query 'Other action taken is missing. Please check at least one action from the options provided.' (Site from System).	(b) (4) System	07 Oct 2020 19:08:17
User entered '1' reason for change: Data Entry Error	Nancy Torrence (b) (4)	07 Oct 2020 19:08:17
User opened query 'Other action taken is missing. Please check at least one action from the options provided.' (Site from System).	(b) (4) System	07 Oct 2020 19:06:30
User entered '0'	Nancy Torrence (b) (4) (b) (4)	07 Oct 2020 19:06:30

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

[Concomitant Medication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 19:09:49
User entered '1' reason for change: Data Entry Error	Xavier Morales (b) (4)	13 Oct 2020 14:14:04
User entered '0'	Nancy Torrence (b) (4)	07 Oct 2020 19:06:30

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

[Concomitant Procedure](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 19:09:51
User entered '0'	Nancy Torrence (b) (4) (b) (4)	07 Oct 2020 19:06:30

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

[Outcome](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 19:09:58
User entered 'Recovered/Resolved (RECOVERED/RESOLVED)'	Nancy Torrence (b) (4) (b) (4)	07 Oct 2020 19:06:30

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

[If outcome is Recovered/Resolved with Sequelae, please specify the sequelae:](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 19:10:00
User entered empty.	Nancy Torrence (b) (4) (b) (4)	07 Oct 2020 19:06:30

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

[Narrative](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	27 Oct 2020 19:10:27
User closed query 'PV Query: Please provide any relevant laboratory and diagnostic test results. Please include units and reference ranges if applicable.' (Site from Safety).	(b) (4), (b) (6)	15 Oct 2020 13:35:51
Query 'PV Query: Please provide any relevant laboratory and diagnostic test results. Please include units and reference ranges if applicable.' answered with 'RT-PCR swab was added to narrative. Thanks. ' (Site from Safety).	(b) (4), (b) (6)	14 Oct 2020 18:24:11
User entered 'Symptomatic patient had a COVID nasopharyngeal swab for RT-PCR analysis. Results came back as "Detected".' reason for change: Data Entry Error	(b) (4), (b) (6)	14 Oct 2020 18:23:54
User opened query 'PV Query: Please provide any relevant laboratory and diagnostic test results. Please include units and reference ranges if applicable.' (Site from Safety).	(b) (4), (b) (6)	14 Oct 2020 12:14:40
User entered empty.	Nancy Torrence (b) (4) (b) (4)	07 Oct 2020 19:06:30

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

[Serious Adverse Event Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered '0'	System	07 Oct 2020 19:06:30

US3252020

Folder: Adverse Events

Form: Adverse Events (1)

Generated On: 26 Nov 2020 10:48:21

[Medically Attended AE Derived \(CSA Programming Field Only\)](#)

Audit	User	Time (GMT)
User entered 'I'	System	07 Oct 2020 19:06:30

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination Summary

Generated On: 26 Nov 2020 10:48:21

[Were any prior/concomitant medications and/or vaccinations taken?](#)

Audit	User	Time (GMT)
User entered 'Yes (Y)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	10 Sep 2020 20:47:37
User entered 'No (N)'	Joanna Gurrola (b) (4)	05 Aug 2020 07:23:12

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:48:21

Name of Medication

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 16:16:56
User closed query 'Per source, "Z-Pack" please review source and reconcile. ' (Site from CRA).	(b) (4), (b) (6)	05 Nov 2020 16:16:41
User coded data point as ATC: ANTIINFECTIVES FOR SYSTEMIC USE, ATC: ANTIBACTERIALS FOR SYSTEMIC USE, ATC: MACROLIDES, LINCOSAMIDES AND STREPTOGRAMINS, ATC: MACROLIDES, PRODUCT: AZITHROMYCIN - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	30 Oct 2020 02:51:26
User coded data point as Term Coded data point by User: (b) (6) - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	30 Oct 2020 02:51:26
Data point term sent to Coder	System	29 Oct 2020 04:20:43
Coding entries removed.	Nancy Torrence (b) (4) (b) (4)	29 Oct 2020 04:20:32
Query 'Per source, "Z-Pack" please review source and reconcile. ' answered with 'Source has been reviewed and reconciled.' (Site from CRA).	Joanna Gurrola (b) (4) (b) (4)	22 Oct 2020 19:44:35
User opened query 'Per source, "Z-Pack" please review source and reconcile. ' (Site from CRA).	(b) (4), (b) (6)	22 Oct 2020 17:28:50
User coded data point as ATC: ANTIINFECTIVES FOR SYSTEMIC USE, ATC: ANTIBACTERIALS FOR SYSTEMIC USE, ATC: MACROLIDES, LINCOSAMIDES AND STREPTOGRAMINS, ATC: MACROLIDES, PRODUCT: AZITHROMYCIN - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	13 Oct 2020 20:47:22
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 20:47:22
Data point term sent to Coder	System	13 Oct 2020 14:16:12
Coding entries removed.	Xavier Morales (b) (4) (b) (4)	13 Oct 2020 14:16:05
User entered 'Azithromycin' reason for change: Data Entry Error	Xavier Morales (b) (4) (b) (4)	13 Oct 2020 14:16:05

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:48:21

[Name of Medication](#)

Audit	User	Time (GMT)
User coded data point as ATC: ANTIINFECTIVES FOR SYSTEMIC USE, ATC: ANTIBACTERIALS FOR SYSTEMIC USE, ATC: MACROLIDES, LINCOSAMIDES AND STREPTOGRAMINS, ATC: MACROLIDES, PRODUCT: AZITHROMYCIN, PRODUCTSYNONYM: Z-PAK - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	11 Sep 2020 07:37:53
User coded data point as Term Coded data point by User: (b) (6) - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	11 Sep 2020 07:37:53
Data point term sent to Coder	System	10 Sep 2020 20:51:46
User entered 'Z pak'	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 20:51:09

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:48:21

[Prophylaxis](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:28:53
User entered 'No (N)'	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 20:51:09

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:48:21

[Indication](#)

Audit	User	Time (GMT)
User closed query 'Per ETRTR: Please update AE CRF to indicate ConMeds were dosed for COVID-19, thanks.' (Site from CRA).	(b) (4), (b) (6)	05 Nov 2020 16:16:53
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 16:16:51
DataPoint Un-verified.	Nancy Torrence (b) (4)	29 Oct 2020 04:20:32
User entered 'COVID +' reason for change: Data Entry Error	Nancy Torrence (b) (4)	29 Oct 2020 04:20:32
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 17:28:56
Query 'Per ETRTR: Please update AE CRF to indicate ConMeds were dosed for COVID-19, thanks.' answered with 'has been updated' (Site from CRA).	Xavier Morales (b) (4)	13 Oct 2020 14:14:45
User opened query 'Per ETRTR: Please update AE CRF to indicate ConMeds were dosed for COVID-19, thanks.' (Site from CRA).	(b) (4), (b) (6)	09 Oct 2020 22:05:32
User entered 'COVID'	Shannon Moyer (b) (4)	10 Sep 2020 20:51:09

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:48:21

[Dose per administration](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:40:19
User entered '250'	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 20:51:09

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:48:21

[Dose unit](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:40:21
User entered 'mg (mg)'	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 20:51:09

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:48:21

If dose unit is Other, specify

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:40:23
User entered empty.	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 20:51:09

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:48:21

[Frequency](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:42:40
User entered 'once daily (QD)'	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 20:51:09

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:48:21

If frequency is Other, specify

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:42:42
User entered empty.	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 20:51:09

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:48:21

[Route of administration](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:42:43
User entered 'Oral (ORAL)'	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 20:51:09

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:48:21

If route of administration is Other, specify

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:42:45
User entered empty.	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 20:51:09

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:48:21

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:43:17
User entered '17 Aug 2020'	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 20:51:09

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:48:21

[Start date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:43:20
User entered '0'	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 20:51:09

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:48:21

[Ongoing?](#)

Audit	User	Time (GMT)
User closed query 'In the electronic source there are two concomitant medication pages. One page is the subject's "Main" source which has an end date of 22AUG2020, however the Convalescent Period source has a conmed page and this medication is listed as ongoing. ' (Site from CRA). DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 16:17:59
	(b) (4), (b) (6)	05 Nov 2020 16:17:57
Query 'In the electronic source there are two concomitant medication pages. One page is the subject's "Main" source which has an end date of 22AUG2020, however the Convalescent Period source has a conmed page and this medication is listed as ongoing. ' answered with 'updated' (Site from CRA).	Shannon Moyer (b) (4)	27 Oct 2020 00:56:53
	(b) (4)	
User opened query 'In the electronic source there are two concomitant medication pages. One page is the subject's "Main" source which has an end date of 22AUG2020, however the Convalescent Period source has a conmed page and this medication is listed as ongoing. ' (Site from CRA).	(b) (4), (b) (6)	22 Oct 2020 19:44:05
User entered 'No (N)' reason for change: Data Entry Error	Shannon Moyer (b) (4)	11 Sep 2020 14:16:18
	(b) (4)	
User entered 'Yes (Y)'	Shannon Moyer (b) (4)	10 Sep 2020 20:51:09
	(b) (4)	

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:48:21

If not Ongoing, End date (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 16:18:01
User entered '22 Aug 2020' reason for change: Data Entry Error	Shannon Moyer (b) (4)	11 Sep 2020 14:16:18
User entered empty.	Shannon Moyer (b) (4)	10 Sep 2020 20:51:09

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:48:21

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
DataPoint Un-verified.	Joanna Gurrola (b) (4)	24 Nov 2020 16:38:25
	(b) (4)	
User entered 'No (N)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	24 Nov 2020 16:38:25
	(b) (4)	
User closed query 'Per source in both convalescent and main binders, yes. Please review and reconcile. ' (Site from CRA).	(b) (4), (b) (6)	21 Nov 2020 18:07:31
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 18:07:28
	(b) (4), (b) (6)	
Query 'Per source in both convalescent and main binders, yes. Please review and reconcile. ' answered with 'Reviewed and updated' (Site from CRA).	(b) (4), (b) (6)	12 Nov 2020 22:08:29
User entered 'Yes (Y)' reason for change: Data Entry Error	(b) (4), (b) (6)	12 Nov 2020 22:08:02
	(b) (4), (b) (6)	
User opened query 'Per source in both convalescent and main binders, yes. Please review and reconcile. ' (Site from CRA).	(b) (4), (b) (6)	11 Nov 2020 17:02:46
DataPoint Un-verified.	(b) (4), (b) (6)	11 Nov 2020 17:02:19
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 17:00:28
	(b) (4), (b) (6)	
User closed query 'Per CDM: Indication is noted as COVID, however COVID is not a solicited event. Kindly review and update else clarify.' (Site from DM).	(b) (4), (b) (6)	11 Nov 2020 02:22:06
Query 'Per CDM: Indication is noted as COVID, however COVID is not a solicited event. Kindly review and update else clarify.' answered with 'updated. thanks' (Site from DM).	(b) (4), (b) (6)	09 Nov 2020 16:50:39
DataPoint Un-verified.	(b) (4), (b) (6)	09 Nov 2020 16:49:53
	(b) (4), (b) (6)	
User entered 'No (N)' reason for change: Data Entry Error	(b) (4), (b) (6)	09 Nov 2020 16:49:53
User opened query 'Per CDM: Indication is noted as COVID, however COVID is not a solicited event. Kindly review and update else clarify.' (Site from DM).	(b) (4), (b) (6)	06 Nov 2020 14:28:35
User closed query '"Was this medication taken for solicited event?" is not answered in the subject's convalescent period source, and is answered "YES" in the subject's primary source. Please review both logs and reconcile. ' (Site from CRA).	(b) (4), (b) (6)	05 Nov 2020 16:18:11

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:48:21

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 16:18:09
User entered 'Yes (Y)' reason for change: Data Entry Error	Nancy Torrence (b) (4)	29 Oct 2020 04:20:32
User closed query 'Per DM CLR: Was this medication taken for solicited event?=YES. Please review if condition meets the criteria for Solicited events as outlined in the protocol. Please review entry and update if applicable or provide clarification' (Site from DM).	(b) (4)	
Query "'Was this medication taken for solicited event?'" is not answered in the subject's convalescent period source, and is answered "YES" in the subject's primary source. Please review both logs and reconcile. 'answered with 'Source was upadetd' (Site from CRA).	(b) (4), (b) (6)	28 Oct 2020 20:27:31
Query "'Was this medication taken for solicited event?'" is not answered in the subject's convalescent period source, and is answered "YES" in the subject's primary source. Please review both logs and reconcile. 'answered with 'Source was upadetd' (Site from CRA).	Shannon Moyer (b) (4)	27 Oct 2020 00:56:21
User opened query "'Was this medication taken for solicited event?'" is not answered in the subject's convalescent period source, and is answered "YES" in the subject's primary source. Please review both logs and reconcile. ' (Site from CRA).	(b) (4), (b) (6)	22 Oct 2020 20:04:20
DataPoint Un-verified.	(b) (4), (b) (6)	22 Oct 2020 20:03:18
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:44:17
Query 'Per DM CLR: Was this medication taken for solicited event?=YES. Please review if condition meets the criteria for Solicited events as outlined in the protocol. Please review entry and update if applicable or provide clarification' answered with 'has been updated' (Site from DM).	Xavier Morales (b) (4)	09 Oct 2020 13:02:49
User entered 'No (N)' reason for change: Data Entry Error	(b) (4)	09 Oct 2020 13:02:36
User opened query 'Per DM CLR: Was this medication taken for solicited event?=YES. Please review if condition meets the criteria for Solicited events as outlined in the protocol. Please review entry and update if applicable or provide clarification' (Site from DM).	(b) (4), (b) (6)	02 Oct 2020 10:32:23
User entered 'Yes (Y)'	Shannon Moyer (b) (4)	10 Sep 2020 20:51:09

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:48:21

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	10 Sep 2020 20:51:09

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:48:21

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered '1'	System	10 Sep 2020 20:51:09

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (1)

Generated On: 26 Nov 2020 10:48:21

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered '804 (804)'	System	10 Sep 2020 20:51:09

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:48:21

Name of Medication

Audit	User	Time (GMT)
User closed query 'Concomitant medications are listed in the subject's "main" electronic source, and the "convalescent period" electronic source. The data in both sources does not match (Bromfed in Convalescent Period source, Bromfed DM in the main source. Please review and reconcile. ' (Site from CRA).	(b) (4), (b) (6)	05 Nov 2020 16:18:31
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 16:18:28
User coded data point as ATC: RESPIRATORY SYSTEM, ATC: COUGH AND COLD PREPARATIONS, ATC: COUGH SUPPRESSANTS, EXCL. COMBINATIONS WITH EXPECTORANTS, ATC: OPIUM ALKALOIDS AND DERIVATIVES, PRODUCT: BROMPHENIRAMINE MALEATE;DEXTROMETHORPHAN HYDROBROMIDE;PSEUDOEPHEDRINE HYDROCHLORIDE, PRODUCTSYNONYM: BROMFED DM - version WHODrug-Global-B3\202003.	Coder Import (b) (4) (b) (4)	29 Oct 2020 20:49:42
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\202003.	Coder Import (b) (4) (b) (4)	29 Oct 2020 20:49:42
Data point term sent to Coder	System	29 Oct 2020 04:21:44
Coding entries removed.	Nancy Torrence (b) (4) (b) (4)	29 Oct 2020 04:20:58
Query 'Concomitant medications are listed in the subject's "main" electronic source, and the "convalescent period" electronic source. The data in both sources does not match (Bromfed in Convalescent Period source, Bromfed DM in the main source. Please review and reconcile. ' answered with 'updated' (Site from CRA).	Shannon Moyer (b) (4) (b) (4)	27 Oct 2020 00:59:39
User opened query 'Concomitant medications are listed in the subject's "main" electronic source, and the "convalescent period" electronic source. The data in both sources does not match (Bromfed in Convalescent Period source, Bromfed DM in the main source. Please review and reconcile. ' (Site from CRA).	(b) (4), (b) (6)	22 Oct 2020 19:48:23

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:48:21

Name of Medication

Audit	User	Time (GMT)
User coded data point as ATC: RESPIRATORY SYSTEM, ATC: COUGH AND COLD PREPARATIONS, ATC: COUGH SUPPRESSANTS, EXCL. COMBINATIONS WITH EXPECTORANTS, ATC: OPIUM ALKALOIDS AND DERIVATIVES, PRODUCT: BROMPHENIRAMINE MALEATE;DEXTROMETHORPHAN HYDROBROMIDE;PSEUDOEPHEDRINE HYDROCHLORIDE, PRODUCTSYNONYM: BROMFED DM - version WHODrug-Global-B3\\202003.	Coder Import (b) (4)	09 Oct 2020 13:07:26
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4)	09 Oct 2020 13:07:26
Data point term sent to Coder	System	09 Oct 2020 13:06:30
Coding entries removed.	Xavier Morales (b) (4)	09 Oct 2020 13:05:44
User coded data point as ATC: RESPIRATORY SYSTEM, ATC: COUGH AND COLD PREPARATIONS, ATC: COUGH SUPPRESSANTS, EXCL. COMBINATIONS WITH EXPECTORANTS, ATC: OPIUM ALKALOIDS AND DERIVATIVES, PRODUCT: BROMPHENIRAMINE MALEATE;DEXTROMETHORPHAN HYDROBROMIDE;PSEUDOEPHEDRINE HYDROCHLORIDE, PRODUCTSYNONYM: BROMFED DM - version WHODrug-Global-B3\\202003.	Coder Import (b) (4)	16 Sep 2020 14:07:40
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 14:07:40
Data point term sent to Coder	System	16 Sep 2020 14:06:46
User closed query 'CDM-Coding: Please enter the active ingredient(s) with drug name in drug name field and please make your changes to the reported term.	System	16 Sep 2020 14:06:43
' (Site from System).		
Query 'CDM-Coding: Please enter the active ingredient(s) with drug name in drug name field and please make your changes to the reported term.	Xavier Morales (b) (4)	16 Sep 2020 14:06:43

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:48:21

[Name of Medication](#)

Audit	User	Time (GMT)
' answered with 'name of medication has been updated' (Site from System).		
User entered 'bromfed dm' reason for change: Data Entry Error	Xavier Morales (b) (4)	16 Sep 2020 14:06:17
User opened query 'CDM-Coding: Please enter the active ingredient(s) with drug name in drug name field and please make your changes to the reported term.	(b) (4)	
' (Site from System).	Coder Import (b) (4)	15 Sep 2020 09:22:34
Data point term sent to Coder	(b) (4)	
User entered 'Cough Medication'	System	10 Sep 2020 20:53:52
	Shannon Moyer (b) (4)	10 Sep 2020 20:53:03
	(b) (4)	

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:48:21

[Prophylaxis](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:48:25
User entered 'No (N)'	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 20:53:03

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:48:21

[Indication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 16:18:34
DataPoint Un-verified.	Nancy Torrence (b) (4)	29 Oct 2020 04:20:58
User entered 'COVID +' reason for change: Data Entry Error	(b) (4)	
	Nancy Torrence (b) (4)	29 Oct 2020 04:20:58
User closed query 'Per DM CLR: Please note that there is no AE that matches this Con Med indication during this time frame. Please review Con Med use and add a medical condition and all applicable details to the AE eCRF as appropriate.' (Site from DM).	(b) (4)	
	(b) (4), (b) (6)	28 Oct 2020 20:30:31
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:48:27
Query 'Per DM CLR: Please note that there is no AE that matches this Con Med indication during this time frame. Please review Con Med use and add a medical condition and all applicable details to the AE eCRF as appropriate.' answered with 'has been updated' (Site from DM).	Xavier Morales (b) (4)	09 Oct 2020 13:05:52
	(b) (4)	
User entered 'COVID' reason for change: Data Entry Error	Xavier Morales (b) (4)	09 Oct 2020 13:05:44
	(b) (4)	
User opened query 'Per DM CLR: Please note that there is no AE that matches this Con Med indication during this time frame. Please review Con Med use and add a medical condition and all applicable details to the AE eCRF as appropriate.' (Site from DM).	(b) (4), (b) (6)	02 Oct 2020 10:34:00
User entered 'Cough'	Shannon Moyer (b) (4)	10 Sep 2020 20:53:03
	(b) (4)	

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:48:21

[Dose per administration](#)

Audit	User	Time (GMT)
User closed query 'Concomitant medications are listed in the subject's "main" electronic source, and the "convalescent period" electronic source. The data in both sources does not match (5ml in Convalescent Period source, 10ml in the main source. Please review and reconcile. ' (Site from CRA). DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 16:18:54
	(b) (4), (b) (6)	05 Nov 2020 16:18:52
Query 'Concomitant medications are listed in the subject's "main" electronic source, and the "convalescent period" electronic source. The data in both sources does not match (5ml in Convalescent Period source, 10ml in the main source. Please review and reconcile. ' answered with 'updated' (Site from CRA).	Shannon Moyer (b) (4)	27 Oct 2020 00:59:43
	(b) (4)	
User opened query 'Concomitant medications are listed in the subject's "main" electronic source, and the "convalescent period" electronic source. The data in both sources does not match (5ml in Convalescent Period source, 10ml in the main source. Please review and reconcile. ' (Site from CRA).	(b) (4), (b) (6)	22 Oct 2020 19:49:21
User entered '10' reason for change: Data Entry Error	Xavier Morales (b) (4)	16 Sep 2020 14:06:17
	(b) (4)	
User entered '5'	Shannon Moyer (b) (4)	10 Sep 2020 20:53:03
	(b) (4)	

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:48:21

[Dose unit](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:49:25
User entered 'mL (mL)'	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 20:53:03

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:48:21

If dose unit is Other, specify

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:49:27
User entered empty.	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 20:53:03

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:48:21

[Frequency](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:49:33
User entered 'as needed (PRN)'	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 20:53:03

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:48:21

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:49:44
User entered empty.	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 20:53:03

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:48:21

[Route of administration](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 16:20:40
User entered 'Oral (ORAL)'	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 20:53:03

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:48:21

If route of administration is Other, specify

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:49:49
User entered empty.	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 20:53:03

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:48:21

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:49:54
User entered '17 Aug 2020'	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 20:53:03

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:48:21

[Start date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:50:00
User entered '0'	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 20:53:03

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:48:21

[Ongoing?](#)

Audit	User	Time (GMT)
User closed query 'Electronic source has 2 concomitant medication pages, one in the main study binder and the other in the convalescent period study binder. In the main study binder there is a stop date of 31AUG, however in the convalescent period binder, the medication is listed as ongoing. ' (Site from CRA). DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 16:20:56
Query 'Electronic source has 2 concomitant medication pages, one in the main study binder and the other in the convalescent period study binder. In the main study binder there is a stop date of 31AUG, however in the convalescent period binder, the medication is listed as ongoing. ' answered with 'updated' (Site from CRA).	Shannon Moyer (b) (4)	27 Oct 2020 00:59:47
User opened query 'Electronic source has 2 concomitant medication pages, one in the main study binder and the other in the convalescent period study binder. In the main study binder there is a stop date of 31AUG, however in the convalescent period binder, the medication is listed as ongoing. ' (Site from CRA).	(b) (4), (b) (6)	22 Oct 2020 19:51:07
User entered 'No (N)' reason for change: Data Entry Error	Xavier Morales (b) (4)	16 Sep 2020 14:06:17
User entered 'Yes (Y)'	Shannon Moyer (b) (4)	10 Sep 2020 20:53:03

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:48:21

If not Ongoing, End date (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 16:21:09
DataPoint Un-verified.	(b) (4), (b) (6)	05 Nov 2020 16:21:07
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 16:20:52
User entered '31 Aug 2020' reason for change: Data Entry Error	Xavier Morales (b) (4)	16 Sep 2020 14:06:17
User entered empty.	Shannon Moyer (b) (4)	10 Sep 2020 20:53:03
	(b) (4)	

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:48:21

[Was this medication taken for solicited event?](#)

Audit	User	Time (GMT)
DataPoint Un-verified.	Joanna Gurrola (b) (4)	24 Nov 2020 16:38:33
	(b) (4)	
User entered 'No (N)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	24 Nov 2020 16:38:33
	(b) (4)	
User closed query 'Per source, yes. Please review and reconcile.' (Site from CRA).	(b) (4), (b) (6)	21 Nov 2020 18:07:56
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 18:07:54
	(b) (4), (b) (6)	
Query 'Per source, yes. Please review and reconcile.' answered with 'Reviewed and updated' (Site from CRA).	(b) (4), (b) (6)	12 Nov 2020 22:09:50
	(b) (4), (b) (6)	
User entered 'Yes (Y)' reason for change: Data Entry Error	(b) (4), (b) (6)	12 Nov 2020 22:09:36
	(b) (4), (b) (6)	
User opened query 'Per source, yes. Please review and reconcile.' (Site from CRA).	(b) (4), (b) (6)	11 Nov 2020 17:04:41
	(b) (4), (b) (6)	
User closed query 'Per CDM: Indication is noted as COVID, however COVID is not a solicited event. Kindly review and update else clarify.' (Site from DM).	(b) (4), (b) (6)	11 Nov 2020 02:22:24
	(b) (4), (b) (6)	
Query 'Per CDM: Indication is noted as COVID, however COVID is not a solicited event. Kindly review and update else clarify.' answered with 'updated. thanks' (Site from DM).	(b) (4), (b) (6)	09 Nov 2020 16:51:26
	(b) (4), (b) (6)	
DataPoint Un-verified.	(b) (4), (b) (6)	09 Nov 2020 16:51:09
	(b) (4), (b) (6)	
User entered 'No (N)' reason for change: Data Entry Error	(b) (4), (b) (6)	09 Nov 2020 16:51:09
	(b) (4), (b) (6)	
User opened query 'Per CDM: Indication is noted as COVID, however COVID is not a solicited event. Kindly review and update else clarify.' (Site from DM).	(b) (4), (b) (6)	06 Nov 2020 14:28:49
	(b) (4), (b) (6)	
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 16:21:11
	(b) (4), (b) (6)	
User closed query ""Was this medication taken for solicited event?" is not answered in the subject's convalescent period source, and is answered "YES" in the subject's primary source. Please review both logs and reconcile.' (Site from CRA).	(b) (4), (b) (6)	05 Nov 2020 16:21:05
	(b) (4), (b) (6)	
User entered 'Yes (Y)' reason for change: Data Entry Error	Nancy Torrence (b) (4)	29 Oct 2020 04:20:58
	(b) (4)	

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:48:21

Was this medication taken for solicited event?

Audit	User	Time (GMT)
User closed query 'Per DM CLR: Was this medication taken for solicited event?=YES. Please review if condition meets the criteria for Solicited events as outlined in the protocol. Please review entry and update if applicable or provide clarification' (Site from DM).	(b) (4), (b) (6)	28 Oct 2020 20:29:05
Query "'Was this medication taken for solicited event?'" is not answered in the subject's convalescent period source, and is answered "YES" in the subject's primary source. Please review both logs and reconcile. ' answered with 'updated' (Site from CRA).	Shannon Moyer (b) (4)	27 Oct 2020 00:59:53
Query 'Was this medication taken for solicited event?' is not answered in the subject's convalescent period electronic source. The question is not asked in the subject's "main" electronic source binder. ' canceled (Site from CRA).	(b) (4), (b) (6)	22 Oct 2020 20:04:39
User opened query "'Was this medication taken for solicited event?'" is not answered in the subject's convalescent period source, and is answered "YES" in the subject's primary source. Please review both logs and reconcile. ' (Site from CRA).	(b) (4), (b) (6)	22 Oct 2020 20:04:30
User opened query 'Was this medication taken for solicited event? is not answered in the subject's convalescent period electronic source. The question is not asked in the subject's "main" electronic source binder. ' (Site from CRA).	(b) (4), (b) (6)	22 Oct 2020 19:52:41
Query 'Per DM CLR: Was this medication taken for solicited event?=YES. Please review if condition meets the criteria for Solicited events as outlined in the protocol. Please review entry and update if applicable or provide clarification' answered with 'has been updated' (Site from DM).	Xavier Morales (b) (4)	09 Oct 2020 13:03:15
User entered 'No (N)' reason for change: Data Entry Error	Xavier Morales (b) (4)	09 Oct 2020 13:03:08
User opened query 'Per DM CLR: Was this medication taken for solicited event?=YES. Please review if condition meets the criteria for Solicited events as outlined in the protocol. Please review entry and update if applicable or provide clarification' (Site from DM).	(b) (4), (b) (6)	02 Oct 2020 10:33:57
User entered 'Yes (Y)'	Shannon Moyer (b) (4)	10 Sep 2020 20:53:03

v6.020 DTW (1102)

1888 of 2003

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:48:21

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	10 Sep 2020 20:53:03

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:48:21

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	10 Sep 2020 20:53:03

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (2)

Generated On: 26 Nov 2020 10:48:21

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	10 Sep 2020 20:53:03

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:48:21

Name of Medication

Audit	User	Time (GMT)
User coded data point as ATC: NERVOUS SYSTEM, ATC: ANALGESICS, ATC: OTHER ANALGESICS AND ANTIPYRETICS, ATC: SALICYLIC ACID AND DERIVATIVES, PRODUCT: ACETYLSALICYLIC ACID, PRODUCTSYNONYM: ASPIRIN [ACETYLSALICYLIC ACID] - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	30 Oct 2020 02:48:07
User coded data point as Term Coded data point by User: (b) (6) - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	30 Oct 2020 02:48:07
Data point term sent to Coder	System	29 Oct 2020 04:21:46
Coding entries removed.	Nancy Torrence (b) (4) (b) (4)	29 Oct 2020 04:21:20
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:55:25
User coded data point as ATC: BLOOD AND BLOOD FORMING ORGANS, ATC: ANTITHROMBOTIC AGENTS, ATC: ANTITHROMBOTIC AGENTS, ATC: PLATELET AGGREGATION INHIBITORS EXCL. HEPARIN, PRODUCT: ACETYLSALICYLIC ACID, PRODUCTSYNONYM: ASPIRIN [ACETYLSALICYLIC ACID] - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	09 Oct 2020 14:22:19
User coded data point as Term Coded data point by User: (b) (6) - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	09 Oct 2020 14:22:19
Data point term sent to Coder	System	09 Oct 2020 13:06:30
Coding entries removed.	Xavier Morales (b) (4) (b) (4)	09 Oct 2020 13:06:02
User coded data point as ATC: NERVOUS SYSTEM, ATC: ANALGESICS, ATC: OTHER ANALGESICS AND ANTIPYRETICS, ATC: SALICYLIC ACID AND DERIVATIVES, PRODUCT: ACETYLSALICYLIC ACID, PRODUCTSYNONYM: ASPIRIN [ACETYLSALICYLIC ACID] - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	10 Sep 2020 20:54:43
User coded data point as Term Coded data point by User: Coder System - version WHODrug-Global-B3\\202003.	Coder Import (b) (4) (b) (4)	10 Sep 2020 20:54:43

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:48:21

[Name of Medication](#)

Audit	User	Time (GMT)
Data point term sent to Coder	System	10 Sep 2020 20:53:52
User entered 'Aspirin'	Shannon Moyer (b) (4)	10 Sep 2020 20:53:49
	(b) (4)	

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:48:21

[Prophylaxis](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:55:37
User entered 'No (N)'	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 20:53:49

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:48:21

[Indication](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 16:21:49
DataPoint Un-verified.	Nancy Torrence (b) (4)	29 Oct 2020 04:21:20
User entered 'COVID +' reason for change: Data Entry Error	(b) (4)	
	Nancy Torrence (b) (4)	29 Oct 2020 04:21:20
User closed query 'Per DM CLR: Please note that there is no AE that matches this Con Med indication during this time frame. Please review Con Med use and add a medical condition and all applicable details to the AE eCRF as appropriate.' (Site from DM).	(b) (4)	
	(b) (4), (b) (6)	28 Oct 2020 20:30:14
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 19:55:44
Query 'Per DM CLR: Please note that there is no AE that matches this Con Med indication during this time frame. Please review Con Med use and add a medical condition and all applicable details to the AE eCRF as appropriate.' answered with 'has been updated' (Site from DM).	Xavier Morales (b) (4)	09 Oct 2020 13:06:09
	(b) (4)	
User entered 'COVID' reason for change: Data Entry Error	Xavier Morales (b) (4)	09 Oct 2020 13:06:02
	(b) (4)	
User opened query 'Per DM CLR: Please note that there is no AE that matches this Con Med indication during this time frame. Please review Con Med use and add a medical condition and all applicable details to the AE eCRF as appropriate.' (Site from DM).	(b) (4), (b) (6)	02 Oct 2020 10:36:16
User entered 'Fever'	Shannon Moyer (b) (4)	10 Sep 2020 20:53:49
	(b) (4)	

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:48:21

[Dose per administration](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 16:21:46
User closed query 'The concomitant medication log exists in the subject's "main" electronic source and their "convalescent period" electronic source. In the main source the dose is 325 mg, in the convalescent period source, the dose is 81 mg. Please review both logs and reconcile. ' (Site from CRA).	(b) (4), (b) (6)	05 Nov 2020 16:21:43
Query 'The concomitant medication log exists in the subject's "main" electronic source and their "convalescent period" electronic source. In the main source the dose is 325 mg, in the convalescent period source, the dose is 81 mg. Please review both logs and reconcile. ' answered with 'updated' (Site from CRA).	Shannon Moyer (b) (4) (b) (4)	27 Oct 2020 01:01:16
User opened query 'The concomitant medication log exists in the subject's "main" electronic source and their "convalescent period" electronic source. In the main source the dose is 325 mg, in the convalescent period source, the dose is 81 mg. Please review both logs and reconcile. ' (Site from CRA).	(b) (4), (b) (6)	22 Oct 2020 20:01:23
User entered '325'	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 20:53:49

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:48:21

[Dose unit](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 20:01:25
User entered 'mg (mg)'	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 20:53:49

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:48:21

If dose unit is Other, specify

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 20:01:28
User entered empty.	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 20:53:49

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:48:21

[Frequency](#)

Audit	User	Time (GMT)
User closed query 'The concomitant medication log exists in the subject's "main" electronic source and their "convalescent period" electronic source. In the main source the frequency is "as needed", in the convalescent period source, the frequency is "once daily". Please review both logs and reconcile.' (Site from CRA).	(b) (4), (b) (6)	05 Nov 2020 16:22:01
DataPoint Verified.	(b) (4), (b) (6)	05 Nov 2020 16:21:55
Query 'The concomitant medication log exists in the subject's "main" electronic source and their "convalescent period" electronic source. In the main source the frequency is "as needed", in the convalescent period source, the frequency is "once daily". Please review both logs and reconcile.' answered with 'updated' (Site from CRA).	Shannon Moyer (b) (4)	27 Oct 2020 01:01:03
User opened query 'The concomitant medication log exists in the subject's "main" electronic source and their "convalescent period" electronic source. In the main source the frequency is "as needed", in the convalescent period source, the frequency is "once daily". Please review both logs and reconcile.' (Site from CRA).	(b) (4), (b) (6)	22 Oct 2020 20:02:24
User entered 'as needed (PRN)'	Shannon Moyer (b) (4)	10 Sep 2020 20:53:49

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:48:21

[If frequency is Other, specify](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 20:02:26
User entered empty.	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 20:53:49

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:48:21

[Route of administration](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 20:02:28
User entered 'Oral (ORAL)'	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 20:53:49

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:48:21

If route of administration is Other, specify

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 20:02:35
User entered empty.	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 20:53:49

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:48:21

Start date (dd MMM yyyy)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 20:02:38
User entered '17 Aug 2020'	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 20:53:49

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:48:21

[Start date completely unknown](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 20:02:41
User entered '0'	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 20:53:49

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:48:21

[Ongoing?](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 17:05:26
User closed query 'Per DM CLR: Please review if a stop date should be recorded as the corresponding AE has resolved. If yes, please update CM stop date as applicable. Otherwise, provide clarification for continued use of medication. ' (Site from DM).	(b) (4), (b) (6)	06 Nov 2020 14:31:26
Query 'Per DM CLR: Please review if a stop date should be recorded as the corresponding AE has resolved. If yes, please update CM stop date as applicable. Otherwise, provide clarification for continued use of medication. ' answered with 'Medication reviewed and updated. thanks' (Site from DM).	(b) (4), (b) (6)	06 Nov 2020 14:13:47
DataPoint Un-verified.	(b) (4), (b) (6)	06 Nov 2020 14:13:30
User entered 'No (N)' reason for change: Data Entry Error	(b) (4), (b) (6)	06 Nov 2020 14:13:30
User opened query 'Per DM CLR: Please review if a stop date should be recorded as the corresponding AE has resolved. If yes, please update CM stop date as applicable. Otherwise, provide clarification for continued use of medication. ' (Site from DM).	(b) (4), (b) (6)	06 Nov 2020 14:09:44
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 20:02:47
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 20:53:49

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:48:21

If not Ongoing, End date (*dd MMM yyyy*)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	21 Nov 2020 18:11:13
DataPoint Un-verified.	(b) (4), (b) (6)	06 Nov 2020 14:13:30
User entered '22 Aug 2020' reason for change: Data Entry Error	(b) (4), (b) (6)	06 Nov 2020 14:13:30
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 20:02:49
User entered empty.	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 20:53:49

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:48:21

Was this medication taken for solicited event?

Audit	User	Time (GMT)
User entered 'No (N)' reason for change: Data Entry Error	Joanna Gurrola (b) (4)	24 Nov 2020 16:38:42
Query "'was this medication taken for solicited event?' is yes in the primary binder, but NO in the convalescent binder. Please review and make consistent so this can be verified. ' answered with 'Reviewed and updated' (Site from CRA).	(b) (4), (b) (6)	12 Nov 2020 22:10:58
User entered 'Yes (Y)' reason for change: Data Entry Error	(b) (4), (b) (6)	12 Nov 2020 22:10:44
User opened query "'was this medication taken for solicited event?' is yes in the primary binder, but NO in the convalescent binder. Please review and make consistent so this can be verified. ' (Site from CRA).	(b) (4), (b) (6)	11 Nov 2020 17:06:40
User closed query "'Was this medication taken for solicited event?' is not answered in the subject's convalescent period source, and is answered "YES" in the subject's primary source. Please review both logs and reconcile. ' (Site from CRA).	(b) (4), (b) (6)	11 Nov 2020 17:06:40
User closed query 'Per CDM: Indication is noted as COVID, however COVID is not a solicited event. Kindly review and update else clarify.' (Site from DM).	(b) (4), (b) (6)	11 Nov 2020 02:22:33
Query 'Per CDM: Indication is noted as COVID, however COVID is not a solicited event. Kindly review and update else clarify.' answered with 'updated. thanks' (Site from DM).	(b) (4), (b) (6)	09 Nov 2020 16:52:11
User entered 'No (N)' reason for change: Data Entry Error	(b) (4), (b) (6)	09 Nov 2020 16:51:56
User opened query 'Per CDM: Indication is noted as COVID, however COVID is not a solicited event. Kindly review and update else clarify.' (Site from DM).	(b) (4), (b) (6)	06 Nov 2020 14:29:25
User entered 'Yes (Y)' reason for change: Data Entry Error	Nancy Torrence (b) (4)	29 Oct 2020 04:21:20
User closed query 'Per DM CLR: Was this medication taken for solicited event?=YES. However, there is no record of Fever in eDiary. Please review if condition meets the criteria for Solicited events as outlined in the protocol. Please review entry and update if applicable or provide clarification' (Site from DM).	(b) (4), (b) (6)	28 Oct 2020 20:30:18

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:48:21

Was this medication taken for solicited event?

Audit	User	Time (GMT)
Query "'Was this medication taken for solicited event?'" is not answered in the subject's convalescent period source, and is answered "YES" in the subject's primary source. Please review both logs and reconcile. ' answered with 'updated' (Site from CRA). User opened query "'Was this medication taken for solicited event?'" is not answered in the subject's convalescent period source, and is answered "YES" in the subject's primary source. Please review both logs and reconcile. ' (Site from CRA). DataPoint Un-verified.	Shannon Moyer (b) (4) (b) (4)	27 Oct 2020 01:00:58
	(b) (4), (b) (6)	22 Oct 2020 20:05:04
DataPoint Verified.	(b) (4), (b) (6)	22 Oct 2020 20:02:55
	(b) (4), (b) (6)	22 Oct 2020 20:02:52
Query 'Per DM CLR: Was this medication taken for solicited event?=YES. However, there is no record of Fever in eDiary. Please review if condition meets the criteria for Solicited events as outlined in the protocol. Please review entry and update if applicable or provide clarification' answered with 'has been updated' (Site from DM).	Xavier Morales (b) (4) (b) (4)	09 Oct 2020 13:06:16
User entered 'No (N)' reason for change: Data Entry Error	Xavier Morales (b) (4) (b) (4)	09 Oct 2020 13:06:02
User opened query 'Per DM CLR: Was this medication taken for solicited event?=YES. However, there is no record of Fever in eDiary. Please review if condition meets the criteria for Solicited events as outlined in the protocol. Please review entry and update if applicable or provide clarification' (Site from DM).	(b) (4), (b) (6)	02 Oct 2020 10:36:54
User entered 'Yes (Y)'	Shannon Moyer (b) (4) (b) (4)	10 Sep 2020 20:53:49

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:48:21

[Separate Dosage Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	10 Sep 2020 20:53:49

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:48:21

[Interval Dosage Unit Number \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	10 Sep 2020 20:53:49

US3252020

Folder: Concomitant Medication and Vaccination (1)

Form: Prior/Concomitant Medication and Vaccination (3)

Generated On: 26 Nov 2020 10:48:21

[Interval Dosage Definition \(derived\)](#)

Audit	User	Time (GMT)
User entered empty.	System	10 Sep 2020 20:53:49

US3252020

Folder: Concomitant Procedures (1)

Form: Concomitant Procedures Summary

Generated On: 26 Nov 2020 10:48:21

[Were any concomitant procedures performed?](#)

Audit	User	Time (GMT)
User entered 'No (N)'	Joanna Gurrola (b) (4) (b) (4)	05 Aug 2020 07:23:26

US3252020

Folder: End of Study (1)

Form: Dosing Discontinuation

Generated On: 26 Nov 2020 10:48:21

Date of dosing discontinuation (dd MMM yyyy)

Audit	User	Time (GMT)
User entered '4 Sep 2020'	Joanna Gurrola (b) (4) (b) (4)	06 Nov 2020 20:08:45

US3252020

Folder: End of Study (1)

Form: Dosing Discontinuation

Generated On: 26 Nov 2020 10:48:21

[Primary reason for dosing discontinuation](#)

Audit	User	Time (GMT)
User entered 'Due to SARS-COV-2 (COVID)'	Joanna Gurrola (b) (4) (b) (4)	06 Nov 2020 20:08:45

US3252020

Folder: End of Study (1)

Form: Dosing Discontinuation

Generated On: 26 Nov 2020 10:48:21

If reason is AE, SAE, Physician Decision, Withdrawal of consent by participant, Protocol deviation, or Other, specify

Audit	User	Time (GMT)
User entered empty.	Joanna Gurrola (b) (4) (b) (4)	06 Nov 2020 20:08:45

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[SAEID](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'USA-US108-2020-MRNA-1273-P301000002'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

Serious

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'No (N)'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Death](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'No (N)'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Life threatening](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'No (N)'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'No (N)'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'No (N)'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'No (N)'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Other medically important event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'No (N)'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Investigator's First Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'Joel'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Investigator's Last Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'Solis'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Site Address: Street](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered '5201 N. 10th Street'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Site Address: City](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'Mcallen'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Site Address: State](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'TX'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Site Address: Postal Code](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'carmpa'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Investigator Country](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	15 Oct 2020 13:36:00
User entered 'US'	System	08 Oct 2020 13:01:33

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[E2B Transmit Flag \(Derived/Hidden\)](#)

Audit	User	Time (GMT)
User entered '4'	System	22 Nov 2020 13:17:25
User entered '3'	System	22 Oct 2020 20:37:18
User entered '2'	System	15 Oct 2020 13:36:08
User entered '1'	System	08 Oct 2020 13:01:33

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[SAEID](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'USA-US108-2020-MRNA-1273-P301000002'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

Serious

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'No (N)'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Death](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'No (N)'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Life threatening](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'No (N)'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'No (N)'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'No (N)'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'No (N)'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Other medically important event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'No (N)'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Investigator's First Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'Joel'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Investigator's Last Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'Solis'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Site Address: Street](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered '5201 N. 10th Street'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Site Address: City](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'Mcallen'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Site Address: State](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'TX'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Site Address: Postal Code](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'carmpa'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Investigator Country](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	15 Oct 2020 13:36:00
User entered 'US'	System	08 Oct 2020 13:01:33

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[E2B Transmit Flag \(Derived/Hidden\)](#)

Audit	User	Time (GMT)
User entered '4'	System	22 Nov 2020 13:17:25
User entered '3'	System	22 Oct 2020 20:37:18
User entered '2'	System	15 Oct 2020 13:36:08
User entered '1'	System	08 Oct 2020 13:01:33

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form (1)

Generated On: 26 Nov 2020 10:48:21

[Date of submission \(Pre-filled from custom function\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
User entered '08/Oct/2020 13:01'	System	08 Oct 2020 13:01:33

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form (1)

Generated On: 26 Nov 2020 10:48:21

Check box to submit initial and significant follow-up concerning this SAE. By checking this box I hereby confirm all relevant data has been entered and reviewed to the best of my knowledge.

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	15 Oct 2020 13:36:00
User entered 'I'	(b) (4), (b) (6)	08 Oct 2020 13:01:33

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[SAEID](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'USA-US108-2020-MRNA-1273-P301000002'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

Serious

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'No (N)'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Death](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'No (N)'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Life threatening](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'No (N)'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'No (N)'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'No (N)'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'No (N)'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Other medically important event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'No (N)'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Investigator's First Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'Joel'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Investigator's Last Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'Solis'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Site Address: Street](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered '5201 N. 10th Street'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Site Address: City](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'Mcallen'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Site Address: State](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'TX'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Site Address: Postal Code](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'carmpa'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Investigator Country](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	15 Oct 2020 13:36:00
User entered 'US'	System	08 Oct 2020 13:01:33

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[E2B Transmit Flag \(Derived/Hidden\)](#)

Audit	User	Time (GMT)
User entered '4'	System	22 Nov 2020 13:17:25
User entered '3'	System	22 Oct 2020 20:37:18
User entered '2'	System	15 Oct 2020 13:36:08
User entered '1'	System	08 Oct 2020 13:01:33

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form (2)

Generated On: 26 Nov 2020 10:48:21

[Date of submission \(Pre-filled from custom function\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
User entered '15/Oct/2020 09:36'	System	15 Oct 2020 13:36:08

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form (2)

Generated On: 26 Nov 2020 10:48:21

Check box to submit initial and significant follow-up concerning this SAE. By checking this box I hereby confirm all relevant data has been entered and reviewed to the best of my knowledge.

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	22 Oct 2020 20:36:54
User entered 'I'	(b) (4), (b) (6)	15 Oct 2020 13:36:08

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[SAEID](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'USA-US108-2020-MRNA-1273-P301000002'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

Serious

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'No (N)'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Death](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'No (N)'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Life threatening](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'No (N)'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'No (N)'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'No (N)'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'No (N)'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Other medically important event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'No (N)'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Investigator's First Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'Joel'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Investigator's Last Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'Solis'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Site Address: Street](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered '5201 N. 10th Street'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Site Address: City](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'Mcallen'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Site Address: State](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'TX'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Site Address: Postal Code](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'carmpa'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Investigator Country](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	15 Oct 2020 13:36:00
User entered 'US'	System	08 Oct 2020 13:01:33

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[E2B Transmit Flag \(Derived/Hidden\)](#)

Audit	User	Time (GMT)
User entered '4'	System	22 Nov 2020 13:17:25
User entered '3'	System	22 Oct 2020 20:37:18
User entered '2'	System	15 Oct 2020 13:36:08
User entered '1'	System	08 Oct 2020 13:01:33

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form (3)

Generated On: 26 Nov 2020 10:48:21

[Date of submission \(Pre-filled from custom function\)](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
User entered '22/Oct/2020 20:37'	System	22 Oct 2020 20:37:18

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form (3)

Generated On: 26 Nov 2020 10:48:21

Check box to submit initial and significant follow-up concerning this SAE. By checking this box I hereby confirm all relevant data has been entered and reviewed to the best of my knowledge.

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	22 Oct 2020 20:37:24
User entered 'I'	(b) (4), (b) (6)	22 Oct 2020 20:37:18

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[SAEID](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'USA-US108-2020-MRNA-1273-P301000002'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

Serious

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'No (N)'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Death](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'No (N)'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Life threatening](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'No (N)'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Requires inpatient or prolongation of existing Hospitalization](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'No (N)'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Persistent or significant disability or incapacity](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'No (N)'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Congenital anomaly or birth defect](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'No (N)'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Other medically important event](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'No (N)'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Investigator's First Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'Joel'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Investigator's Last Name](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'Solis'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Site Address: Street](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered '5201 N. 10th Street'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Site Address: City](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'Mcallen'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Site Address: State](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'TX'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Site Address: Postal Code](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	08 Oct 2020 13:01:22
User entered 'carmpa'	System	08 Oct 2020 13:00:03

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[Investigator Country](#)

Audit	User	Time (GMT)
DataPoint Verified.	(b) (4), (b) (6)	11 Nov 2020 16:58:20
Reviewed for Safety.	(b) (4), (b) (6)	15 Oct 2020 13:36:00
User entered 'US'	System	08 Oct 2020 13:01:33

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form

Generated On: 26 Nov 2020 10:48:21

[E2B Transmit Flag \(Derived/Hidden\)](#)

Audit	User	Time (GMT)
User entered '4'	System	22 Nov 2020 13:17:25
User entered '3'	System	22 Oct 2020 20:37:18
User entered '2'	System	15 Oct 2020 13:36:08
User entered '1'	System	08 Oct 2020 13:01:33

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form (4)

Generated On: 26 Nov 2020 10:48:21

[Date of submission \(Pre-filled from custom function\)](#)

Audit	User	Time (GMT)
User entered '22/Nov/2020 08:17'	System	22 Nov 2020 13:17:25

US3252020

Folder: SAE USA-US108-2020-MRNA-1273-P301000002

Form: Safety Report Form (4)

Generated On: 26 Nov 2020 10:48:21

Check box to submit initial and significant follow-up concerning this SAE. By checking this box I hereby confirm all relevant data has been entered and reviewed to the best of my knowledge.

Audit	User	Time (GMT)
User entered '1' reason for change: Data Entry Error	(b) (4), (b) (6)	22 Nov 2020 13:17:25
User entered '0'	(b) (4), (b) (6)	22 Nov 2020 13:17:12